

related areas, and will repair or replace deficient fans, exhausts, hoods, ducting and controls.

2. TDC ice houses will meet National Sanitation Foundation standards and proper sanitary ice production and storage equipment will be installed.

3. TDC will provide smooth, cleanable surfaces in kitchens as required by the Texas Department of Health. Any finish material used will be rated by the manufacturer for its intended use.

4. TDC will provide sufficient equipment for safe defrosting of foods and for storage and serving of hot foods at the required temperature.

5. TDC will develop and implement a system-wide program for inspection and rodent and pest control that complies with the rules and regulations of the Texas Department of Health and the Texas Department of Agriculture as these relate to kitchen and sleeping areas.

H. STRUCTURAL CRACKS

1. TDC will seal all existing cracks in exterior walls that permit air and/or water leakage into the interior of the building.

2. TDC will implement a program of inspection and documentation by a structural engineer on reported possible structural problems and follow the engineer's recommendation on action to be taken.

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I. MAINTENANCE

1. TDC will continue to implement and enforce a uniform and effective maintenance program throughout the system.

2. Regular maintenance of roofs and equipment will be conducted as part of TDC's Preventive Maintenance Program.

J. MISCELLANEOUS

1. Once the heating and ventilation and other renovations of the housing, shower and kitchen areas have been completed, TDC will confirm that each unit's electrical service and circuit breakers can handle the extra electrical load imposed by these renovations and by the demands of the additional lamps that TDC distributed to all the prisoners as part of the lighting requirements.

2. TDC will remove any and all non-metallic sheathed electrical cable from the prisoner housing and kitchen areas that does not meet current code.

3. TDC will replace all the wooden and other make shift face plates that have been installed on the circuit breaker panels and will cease repairing these panels with non-code conforming materials.

4. TDC will replace all frayed and all exposed live electrical wires.

5. TDC will replace all electrical feeders and electrical boxes that do not conform to the electrical codes that set the standard at the time the feeders or boxes were installed.

Further, if any electrical feeders or electrical boxes present a safety hazard or are in need of repair, TDC will replace them with feeders or boxes that conform with current NEC standards.

6. TDC will hard wire all smoke alarms located in prisoner housing areas that are not under constant surveillance.

7. TDC will remove, relocate or renovate any electrical conduits that do not conform to the electrical codes that set the standards at the time the electrical conduits were installed. Further, if any electrical conduits present a safety hazard or are in need of repair, TDC will replace them with conduits that conform with current NEC standards.

8. TDC will install and maintain light fixtures in the cells that cover all exposed wiring.

9. TDC will replace the electrical service panels located in wet areas with waterproof panels if the applicable codes that set the standards at the time the panels were installed required the use of waterproof panels. Further, if any electrical service panels in wet areas present a safety hazard or are in need of repair, TDC will replace them with electrical service panels that conform with current NEC standards.

10. TDC will make certain there is a fire extinguishing system on all kitchen cooking equipment, as required by NFPA Codes.

11. TDC will re-plumb any shower sewer line that is too small to handle the flow of waste water as evidenced by ponding after use.

12. TDC will install thresholds or curbs on the entrance openings to any shower room where water presently flows onto adjacent floor areas.

13. TDC will make certain that all piddling shop ventilation systems conform to the standards set forth in the TDC Occupational Safety & Health Manual.

14. TDC will replace any kitchen floor or floor covering that is not in good repair or is not constructed out of smooth, durable material such as sealed concrete, terrazzo, ceramic tile or durable grade of linoleum or plastic. TDC will, however, use anti-slip floor covering in areas when necessary for reasons of safety. These repairs will be reported and repaired under the TDC work order system but, in any event, the needed repairs that have already been identified by TDC or plaintiffs' experts will be repaired on or before September 1, 1991.

15. TDC will install additional drains or reslope the floor in any kitchen or scullery in which the existing drains are not adequate to prevent the ponding of water. The term "ponding of water" refers to any floor area in which one-quarter of an inch or more of water gathers during or after normal use absent someone's efforts to mop up or otherwise get rid of the water. These repairs will be reported and repaired under the TDC work order system but, in any event, the needed repairs that have already been identified by TDC or plaintiffs' experts will be repaired on or before September 1, 1991.

16. TDC will re-plumb or otherwise repair the plumbing in or supplying any dorm or cellblock in which the existing water pressure is insufficient to flush the toilets.

17. TDC will repair or replace all leaking steam pipes and steam traps.

18. TDC will meet NFPA safety requirements regarding the installation of secondary egress doors.

19. TDC will replace any drain piping and fittings installed as part of its repair of major structural deficiencies if the drain piping and fittings do not conform to the current Uniform Plumbing Code. Further, TDC will cease all future use of non-drainage pattern fittings in any location where the Uniform Plumbing Code calls for the use of Drain, Waste and Vent (DWV) fittings.

20. TDC will replace or otherwise make fire resistant any above ground PVC sewer pipe. Further TDC will cease all future use of PVC sewer pipe in any location where the Uniform Plumbing Code or the Uniform Building Code precludes the use of PVC sewer pipe.

21. TDC will replace any shower walls and floors that do not have a durable, smooth and cleanable surface as required by UBC and UPC. TDC will, however, use anti-slip floor covering in areas when necessary for reasons of safety.

22. For each shower room heating and ventilation system:

a. TDC will provide year-round exhaust ventilation for all group shower rooms, with exhaust air ducted directly to

outside. Minimum airflow shall be the greater of 2 cfm per square foot of floor area or 50 cfm per shower head.

b. The exhaust ventilation will be supplemented by an equivalent amount of tempered makeup air provided to the shower room, with sufficient temperature controls to maintain the shower room at or above 70 degrees.

c. TDC will provide supplemental heat in dry off areas, when required to insure that all parts of these areas are maintained above 70 degrees.

d. TDC will provide additional warm weather exhaust ventilation systems in all cases where use of the year-round ventilation system described above will not prevent the shower room temperature and humidity levels from rising appreciably above outdoor conditions. Such systems may utilize makeup air drawn directly from outdoors through screened windows or intake louvers, provided such openings are closed off in periods of cold weather.

e. TDC will ensure that all fans and electrical

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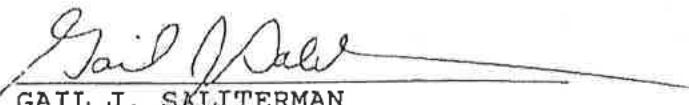
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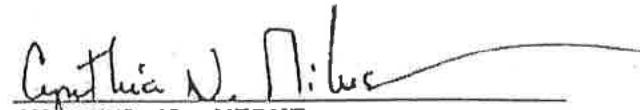
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equipment used in shower rooms and related areas are rated for wet area exposure.

Signed: April 17, 1989


GAIL J. SALITERMAN
Attorney for Plaintiffs

Signed: 20 April, 1989


CYNTHIA N. MILNE
Assistant Attorney General
Attorney for Defendants

SO ORDERED.

Signed: May 3, 1989


WILLIAM WAYNE JUSTICE
Chief Judge
United States District ~~Judge~~ Court
Eastern District of Texas
Judge Presiding

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN MCCOLLUM, *et al.*, §
Plaintiffs, §
v. § CIVIL NO. 4:14-CV-3253
§
§
§
BRAD LIVINGSTON, *et al.*, §
Defendants. §
§

Exhibit 11



TEXAS DEPARTMENT
OF
CORRECTIONS

ADMINISTRATIVE DIRECTIVE

NUMBER: AD-10.64

DATE: September 19, 1986

PAGE 1 OF 3

SUPERCEDES:

SUBJECT: TEMPERATURE EXTREMES IN THE WORK PLACE

PURPOSE: To establish guidelines to assist the unit administration in determining safe and healthful work conditions.

AUTHORITY: AD -10.61, Safety Policy
Chapter V., Sections I,J, TDC Occupational Safety
and Health Manual.

POLICY: It is the responsibility of the Texas Department of Corrections (TDC) to provide a safe and healthful place for every employee and inmate to work. To this end, wardens, safety officers and physicians shall confer to determine acceptable work conditions (i.e., work site temperature) for turning out unit labor forces. Every reasonable effort shall be made in the interest of preventing cold/hot related hazards in the work place.

DISCUSSION: At times, employees and inmates must work in places that are extremely cold or extremely hot. Problems of heat stress are more common than those presented by a very cold environment. To assist unit officials in determining safe working conditions in both high and low temperature extremes, the following procedures and charts are provided.

PROCEDURES: The warden, assisted by the unit physician and safety officer will assess temperature extremes as they relate to work conditions to determine any hazardous conditions. In all cases of temperature-related incidents, medical personnel shall be immediately notified and upon arrival shall take control of the situation. The victim should be removed from the environment by the most expeditious means available to receive proper medical treatment.

I. Extreme cold conditions

A. Determination. The warden shall use the Windchill Index Guidelines (Attachment 1) to determine safe cold weather working conditions. Guidelines to assist the warden in his determination can be found in the TDC Safety Manual (Chapter V) and the Inmate Rule Book (Section 3.7.).

B. Symptoms. Hypothermia is a condition where the body loses heat faster than it can produce it. When this situation first occurs, blood vessels in the skin constrict in an attempt to conserve vital internal heat -- with hands and feet being affected first. If the body continues to lose heat, involuntary shivers begin -- the body's way to produce more heat (usually the first real warning sign of hypothermia). Further heat loss produces speech difficulty, forgetfulness, loss of manual dexterity, collapse, and finally death.

C. Emergency Treatment:

1. Bring the victim out of the cold and remove wet clothing;
 - a. Wrap the victim in warm blankets or clothing;
 - b. If frostbit, gently heat the affected area with warm water or warm towels;

NOTE: Do not rub the affected area nor use heating pads or hot water bottles.

- c. Warm liquids (other than alcohol) should be given by mouth to the victim; and
2. Apply the "ABC" of life support (open airway; assist breathing; restore circulation) if necessary.

II. Extreme hot conditions

A. Determination. The warden shall use the Heat and Humidity Matrix (Attachment 2) to determine safe hot weather working conditions. Guidelines to assist the warden in his/her determination can be found in the TDC Safety Manual (Chapter V) and the Fundamentals of Industrial Hygiene (Chapter 12) which is available in the unit safety library. When the temperature is over 85 degrees fahrenheit, the warden shall determine whether the work environment is safe. If determined to be unsafe, precautionary guidelines shall be enacted as stated in the Heat and Humidity Matrix.

B. Symptoms.

1. Heat Stroke -- Sweating is diminished or absent. The skin is hot, dry, and flushed. Increased body temperature, which, (if uncontrolled) may lead to delirium, convulsions, and even death. Medical care is urgently needed. (See Section II.C.1.)
2. Heat Cramps -- Painful intermittent spasms of the voluntary muscles following hard physical work in a hot environment. Cramps usually occur after heavy sweating, and

often begin at the end of a work shift. (See Section II.C.2)

3. Heat Exhaustion -- Profuse sweating, weakness, rapid pulse, dizziness, nausea, and headaches. The skin is cool and sometimes pale and clammy with sweat. Body temperature is normal or subnormal. Nausea, vomiting, and unconsciousness may occur. (See Section II.C.2.)

C. Emergency Treatment:

1. For heat Stroke -- If body temperature has risen to 105F or higher, attempt to decrease victim's body temperature. Then:

a. If in the field, soak victim's clothing with cold water; lay victim down in a shaded area; elevate victim's feet eight to twelve inches; and be prepared to administer CPR;

b. Once inside, remove victim's clothing; and sponge victim's skin with cool water or rubbing alcohol, place victim in tub of cold (not iced) water, or apply cold packs; and

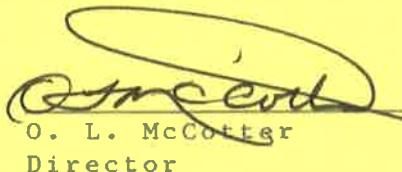
c. Dry the victim once his/her body temperature has been reduced to 102F.

NOTE: Care should be taken to avoid overchilling the victim after the temperature has fallen to this point; however, should the victim's temperature begin to rise again -- the cooling process should be repeated.

III. Training

A. Each Warden shall ensure that proper training is provided by the unit medical department to all supervisory personnel who manage employees and inmates; and

B. Documentation of said training shall be provided to and maintained by the unit safety officer.



O. L. McCarter
Director

HEAT AND HUMIDITY

Relative Humidity	AIR TEMPERATURE (Degrees Fahrenheit)											
	70	75	80	85	90	95	100	105	110	115	120	
Apparent Temperature												
0%	64	69	73	78	83	87	*91	*95	*99	*103	+107	
10%	65	70	75	80	85	*90	*95	*100	+105	+111	+116	
20%	66	72	77	82	87	*93	*99	+105	+112	+120	\$130	
30%	67	73	78	84	*90	*96	*104	+113	+123	\$135	\$148	
40%	68	74	79	86	*93	*101	+110	+123	\$137	\$151		
50%	69	75	81	88	*96	+107	+120	\$135	\$150			
60%	70	76	82	*90	*100	+114	\$132	\$149				
70%	70	77	85	*93	+106	+124	\$144					
80%	71	78	86	*97	+113	\$136						
90%	71	79	88	*102	+122							
100%	72	80	*91	+108								

* Heat exhaustion possible

Heat exhaustion: Staff to insure adequacy of water intake, look for signs of exhaustion. 5 minute rest break every hour.

Heatstroke possible: Staff to promote high water intake, 5 minute rest break every $\frac{1}{2}$ hour-lay down, feet up. Reduce work by 1/3.

Heatstroke imminent: Secure outside work or reduce work pace by $\frac{1}{2}$ to $\frac{2}{3}$. 10 minute break every $\frac{1}{2}$ hour-lay down, feet up. Insist on excessive water intake.

Heat and Humidity: At high temperatures, the human body normally cools itself through the evaporation of perspiration. But humidity interferes with this process. The table above, from the National Weather Service, shows how discomfort and health risks grow as heat and humidity increase. Remember: Apparent temperatures may run 15 to 30 degrees higher in urban areas with their vast expanses of concrete and asphalt.

WINDCHILL INDEX

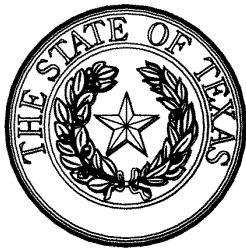
Wind speed in mph	ACTUAL THERMOMETER READING (F)									
	50	40	30	20	10	0	-10	-20	-30	-40
EQUIVALENT TEMPERATURE (F)										
calm	50	40	30	20	10	0	-10	-20	-30	-40
5	48	37	27	16	6	-5	-15	-26	-36	-47
10	40	28	16	4	-9	-21	-33	-46	-58	-70
15	36	22	9	-5	-18	-36	-45	-58	-72	-85
20	32	18	4	-10	-25	-39	-53	-67	-82	-96
25	30	16	0	-15	-29	-44	-59	-74	-88	-104
30	28	13	-2	-18	-33	-48	-63	-79	-94	-109
35	27	11	-4	-20	-35	-49	-67	-82	-98	-113
40	26	10	-6	-21	-37	-53	-69	-85	-100	-116
Over 40 mph (little added effect)	LITTLE DANGER (for properly clothed person)				INCREASING DANGER (Danger from freezing or exposed flesh)			GREAT DANGER		

The human body senses "cold" as a result of both the air temperature and wind velocity. Cooling of exposed flesh increases rapidly as the wind velocity goes up. Frostbite can occur at relatively mild temperatures if wind penetrates the body insulation. For example, when the actual air temperature of the wind is 40°F (4.4°C) and its velocity is 30 mph (48 km/h), the exposed skin would perceive this situation as an equivalent still air temperature of 13°F (-11°C).

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN MCCOLLUM, *et al.*, §
Plaintiffs, §
v. § CIVIL NO. 4:14-CV-3253
§
§
§
BRAD LIVINGSTON, *et al.*, §
Defendants. §
§

Exhibit 12



TEXAS DEPARTMENT
OF
CRIMINAL JUSTICE

NUMBER: AD-10.64 (rev. 6)

DATE: November 10, 2008

PAGE: 1 of 11

SUPERSEDES: AD-10.64 (rev. 5)
September 19, 2006

ADMINISTRATIVE DIRECTIVE

SUBJECT: TEMPERATURE EXTREMES IN THE TDCJ WORKPLACE

AUTHORITY: Texas Government Code §493.006

Reference: American Correctional Association (ACA) Standards: 4-4153 and 4-4337

APPLICABILITY: Texas Department of Criminal Justice (TDCJ or Agency)

POLICY:

The TDCJ shall establish guidelines to assist unit administration in adapting offender work assignments to temperatures in the work environment that cannot be controlled by the Agency. Guidelines for outside recreation are found in the TDCJ *Recreation Department Policy Manual*.

Every reasonable effort shall be made to prevent extreme temperature-related injuries in the workplace. Since the TDCJ has units throughout the State of Texas, the decision to expose offenders to extreme temperature (i.e., cold/heat) shall be made by the appropriate on-site staff.

TDCJ offenders are, at times, required to work in conditions of extreme cold or extreme heat. Frequently, situations may occur requiring specific work be completed regardless of the temperature or weather conditions.

PROCEDURES:

Prior to exposing offenders to extreme temperature conditions (i.e., cold/heat), the Warden and involved Department Supervisors shall ensure appropriate measures are instituted which prevent extreme temperature-related injuries. The Warden and involved Department Supervisors are encouraged to consult medical staff to ascertain specific hazards. In all cases of temperature-related incidents or injuries, the unit medical staff and the unit Risk Manager shall be notified immediately. Upon arrival on the scene, medical staff shall take control of the individual's medical care. The injured offender shall be removed from the environment by the most expeditious means available to receive proper medical treatment.

- I. Procedures and exposure charts (Wind Chill Index [Attachment A] and Heat and Humidity Matrix [Attachment B]) are provided to assist unit officials in determining safe working conditions in extreme temperature conditions.
 - A. During work assignments, offenders shall be exposed to no more than three (3) or four (4) hours at a time, until acclimated to existing weather conditions. Work periods may then be extended as the offender physically adjusts to the weather conditions. Appropriate clothing shall be worn to protect the offender from extreme temperature conditions at all times.
 - B. Unit staff shall monitor the temperature once every hour between 6:30 a.m. and 6:30 p.m. The temperature shall be announced over the radio and documented on the Temperature Log (Attachment C). If conditions warrant, the Warden may also request additional readings.
 - C. Temperature Log
 1. The Warden shall designate a central location to maintain the Temperature Log.
 2. The Temperature Log shall indicate the wind chill or heat index.
 3. Temperature information is available through the following:
 - a. The National Oceanic and Atmospheric Administration (NOAA) website (www.noaa.gov);
 - b. NOAA Weather Radio;
 - c. Local weather radio and television stations; or
 - d. Onsite weather instrumentation (if available).
 4. Temperature Logs shall be maintained in accordance with the TDCJ *Records Retention Schedule*.

II. Extreme Cold Conditions

A. Determination

1. The Warden shall use the Wind Chill Index, the local news/weather media and/or weather conditions recorded by instruments located at the unit/picket in determining the safety of cold weather working conditions.

2. Clothing considered appropriate for offenders working in cold weather shall include: thermal underwear, insulated jackets, cotton or leather gloves, insulated hoods, work shoes and socks. The Wind Chill Index shall be used to determine the need for insulated hoods and leather gloves. Appropriate clothing shall be issued even when the index indicates little danger of exposure injury.
3. If guidance is needed, medical staff shall be contacted to determine appropriate clothing and footwear needed to prevent cold injury.
4. Care shall be taken to prevent perspiration which could soak clothing and thus compromise the clothing's insulating value.
5. Layers of clothing shall be removed or added according to the effective temperature and level of physical activity.

B. Symptoms

1. Hypothermia is a condition occurring when the body loses heat faster than the body can produce it. With the onset of this condition, blood vessels in the skin constrict (i.e., tighten) in an attempt to conserve vital internal body heat, thus affecting the hands and feet first.
2. If one's body continues to lose heat, involuntary shivers begin. This reaction is the body's way to produce more heat and is usually the first real warning sign of hypothermia.
3. Further heat loss produces speech difficulty, forgetfulness, loss of manual dexterity, collapse and finally death.

C. Types of Hypothermia

Hypothermics are divided into the following three (3) categories, depending on the degree of injury.

1. Category One

Injured individuals are conscious, but cold, with a rectal temperature above 90 degrees Fahrenheit (°F). These individuals shall be handled carefully, insulated and transported to medical care.

2. Category Two

Injured individuals are unconscious and with a rectal temperature of 90°F or below. These individuals shall be handled carefully and insulated from further heat loss. The individual shall be transported to the unit Medical Department for additional care.

3. Category Three

Injured individuals are comatose with no palpable pulse and no visible respiration. Although these individuals appear to be deceased, the injured individual may have a slight chance of recovery if the rectal temperature is 60.8°F or higher. If possible, medical staff shall proceed as follows:

- a. Apply positive pressure ventilation with oxygen.
- b. Judge the possibility of administering successful cardiopulmonary resuscitation (CPR). Consideration shall be given to the following prior to administering CPR:
 - (1) The difficulty in verifying that the heart has stopped without medical equipment;
 - (2) The compromise of rescuers to administer procedure during evacuation;
 - (3) The ability to continue CPR during rescue;
 - (4) The probability of chest compressions fibrillating or stopping a slow-beating, sensitive heart; and
 - (5) Continuing circulation by compressing a cold, stiff chest and heart muscle is unlikely.
- c. The injured individual shall be insulated and transported to a medical care facility.

III. Extreme Heat Conditions

A. Determination

1. Guidelines assisting the Warden in making the determination can be found in the Heat and Humidity Matrix. Weather conditions recorded by instruments on the unit/picket or reports by the local news media shall be used confirming specific temperature and humidity conditions. When the temperature is over 85°F, the Warden shall use the Heat and Humidity Matrix to determine the heat index. The heat index shall be used as an indicator of the risk for heat-related injury.
2. At any point when the Heat and Humidity Matrix indicates the possibility of heat exhaustion or heatstroke, the Warden shall instruct

the appropriate staff to immediately initiate the precautionary measures identified in the Heat and Humidity Matrix.

3. If guidance is needed, medical staff shall be contacted prior to exposing offenders to extremely hot working conditions to evaluate the hazards of the current temperatures and humidity, including indoor work areas (e.g., boiler room). The hazard of sunburn and other results of ultraviolet (UV) radiation shall also be closely monitored.
4. Offenders shall be provided and required to wear clothing appropriate for the effective temperatures and the hazards imposed by UV radiation (e.g., light-colored hats can be used to an advantage in high heat and direct sunlight).
5. Drinking water shall always be available to offenders in conditions of hot weather. According to individual medical advice, liquids containing sodium may be used depending on an offender's state of acclimatization to hot weather conditions.
6. Newly assigned offenders, who may not be acclimated to the heat, shall be medically evaluated prior to exposure to significant heat stress and closely monitored by supervisors for early evidence of heat intolerance.
7. High water intake, according to the Heat and Humidity Matrix, shall be enforced.
8. Offenders under treatment with diuretics or drugs inhibiting sweating require special medical evaluation prior to assignment to work in extreme heat.

B. Symptoms

1. Heat stroke symptoms include:
 - a. Diminished or absent perspiration (sweating);
 - b. Hot, dry and flushed skin; and
 - c. Increased body temperatures, which if uncontrolled may lead to delirium, convulsions and even death. Medical care is urgently needed.

2. Heat cramp symptoms include:
 - a. Painful, intermittent spasms of the voluntary muscles following hard physical work in a hot environment; and
 - b. Cramps usually occurring after heavy perspiring, and often beginning at the end of a work shift.
3. Heat exhaustion symptoms include:
 - a. Profuse perspiring, weakness, rapid pulse, dizziness and headaches;
 - b. Cool skin, sometimes pale and clammy, with perspiration;
 - c. Normal or subnormal body temperature; and
 - d. Nausea, vomiting and unconsciousness may occur.

IV. Emergency Treatment

- A. In all cases of temperature-related incidents or injuries:
 1. The first aid process shall be initiated immediately by security or other unit staff.
 2. Medical staff and the unit Risk Manager shall be notified immediately.
- B. In extreme cold conditions, staff shall:
 1. Bring the injured offender out of the cold and remove wet clothing;
 2. Wrap the injured offender in warm blankets or clothing;
 3. If frostbite exists, gently heat the affected area with warm water or warm towels. Do not rub the affected area; a heating pad or hot water bottles may also be used to treat the affected area;
 4. Continue the treatment upon arrival at the site or when the offender is delivered to medical staff's care;
 5. Apply the "ABC" of life support (open Airway, assist Breathing and restore Circulation), if necessary; and
 6. If cold injury is sustained, the following first aid procedures shall be administered immediately:

- a. Restrict the offender from further duties or activities until severity is evaluated;
- b. Remove all constricting items of clothing and footgear from injured areas;
- c. Remove wet clothing and insulate the offender with dry clothing and blankets, ensuring the injured area is covered;
- d. Do not rupture blisters;
- e. Encourage consumption of warm, sweetened liquids;
- f. If a lower extremity is affected, treat as a stretcher patient by slightly elevating the affected lower extremity;
- g. If evacuation from cold requires travel on foot, do not thaw the affected area until the offender reaches medical help; and
- h. Transport the offender to medical care as soon as possible.

C. In extreme heat conditions, staff shall:

- 1. Immediately begin an attempt to decrease the offender's temperature by placing the offender in a cool area;
- 2. Only force oral fluid intake if the offender is conscious and able to safely swallow;
- 3. Remove heavy clothing or excess layers of clothing; saturate remaining lightweight clothing with water. Position the offender in the shade with air movement past the offender. Fan the offender if necessary to create air movement;
- 4. If ice is available, place ice packs in armpit and groin areas;
- 5. Take all of these measures while moving the offender in the most expeditious means available to continue with and obtain proper medical treatment; and
- 6. Ensure, whenever medical staff are on-site, to continue treatment as directed by the physician or medical staff.

V. Training

- A. Each Warden shall ensure training in the prevention of temperature extreme injury is provided by unit medical staff to all supervisors designated by the Warden. Cold Training shall be completed in September, and Heat Training shall be completed in May of each year.
 1. Supervisors shall be responsible for training employees and work assigned offenders.
 2. Non-work assigned offenders shall be notified of heat awareness via the dayroom bulletin boards and/or other common use areas (i.e., *The Echo, Offender Orientation Handbook*).
- B. A copy of all training rosters shall be provided to the unit Risk Manager and Human Resources Representative (staff training). The unit Risk Manager shall forward a copy of the training roster to the respective Regional Risk Manager. The Regional Risk Manager shall forward the total number of employees and offenders trained to the Risk Management Central Office.
- C. A standardized training program shall be developed by the TDCJ Department of Preventive Medicine in conjunction with the University of Texas Medical Branch (UTMB) Department of Education and Professional Development.
 1. The initial extreme temperature conditions training is provided in the Pre-Service Training sessions, and additional training shall be provided in annual In-Service Training sessions.
 2. The training is given in a group setting.
 3. All units are responsible for conducting an annual standardized training program utilizing unit-based medical staff.
 4. Requests for selected unit training shall be submitted to the Director for Preventive Medicine.

Brad Livingston¹
Executive Director

¹ Signature on file.

AD-10.64 (rev. 6)
 Attachment A
 Page 9 of 11

WIND CHILL INDEX

Wind Speed in MPH	ACTUAL THERMOMETER READING (°F)										
	50	40	30	20	10	0	-10	-20	-30	-40	
EQUIVALENT TEMPERATURE (°F)											
CALM	50	40	30	20	10	0	-10	-20	-30	-40	
5	48	37	27	16	6	-5	-15	-26	-36	-47	
10	40	28	16	4	-9	-21	-33	-46	-58	-70	
15	36	22	9	-5	-18	-36	-45	-58	-72	-85	
20	32	18	4	-10	-25	-39	-53	-67	-82	-96	
25	30	16	0	-15	-29	-44	-59	-74	-88	-104	
30	28	13	-2	-18	-33	-48	-63	-79	-94	-109	
35	27	11	-4	-20	-35	-49	-67	-82	-98	-113	
40	26	10	-6	-21	-37	-53	-69	-85	-100	-116	
Over 40 MPH (little added effect)	LITTLE DANGER (for properly clothed person)				INCREASING DANGER				GREAT DANGER (Danger from freezing or exposed flesh)		

The human body senses "cold" as a result of both the air temperature and wind velocity. Cooling of exposed flesh increases rapidly as the wind velocity increases. Frostbite can occur at relatively mild temperatures if wind penetrates the body insulation. For example, when the actual air temperature of the wind is 40°F and its velocity is 30 mph (48 km/h), the exposed skin would perceive this situation as an equivalent still air temperature of 13°F.

Clothing considered appropriate and currently available in the inventory is thermal underwear, insulated jackets, cotton and leather gloves, insulated hoods, work shoes and socks. Again, caution shall be taken when exposure occurs for longer periods of time.

HEAT AND HUMIDITY MATRIX

Relative Humidity	AIR TEMPERATURE (°F)										
	70	75	80	85	90	95	100	105	110	115	120
0%	64	69	73	78	83	87	*91	*95	*99	*103	**107
10%	65	70	75	80	85	*90	*95	*100	**105	**111	**116
20%	66	72	77	82	87	*93	*99	**105	**112	**120	***130
30%	67	73	78	84	*90	*96	*104	**113	**123	***135	***148
40%	68	74	79	86	*93	*101	**110	**123	***137	***151	
50%	69	75	81	88	*96	**107	**120	***135	***150		
60%	70	76	82	*90	*100	**114	***132	***149			
70%	70	77	85	*93	**106	**124	***144				
80%	71	78	86	*97	**113	***136					
90%	71	79	88	*102	**122						
100%	72	80	*91	**108							

* Heat exhaustion possible

** Heatstroke possible

*** Heatstroke imminent

Heat Exhaustion: Staff shall ensure adequacy of water intake, look for signs of exhaustion. Five (5) minute rest breaks every hour.

Heatstroke Possible: Staff shall promote high water intake, five (5) minute rest breaks every one-half (1/2) hour; lay down, feet up. Reduce work by one-third (1/3).

Heatstroke Imminent: Secure outside work or reduce work pace by one-half (1/2) to two-thirds (2/3). Ten (10) minute break every one-half (1/2) hour; lay down, feet up. Insist on excessive water intake.

Heat and Humidity: At high temperatures, the human body normally cools itself through the evaporation of perspiration, but humidity interferes with this process. The above table, from the National Weather Service, shows how discomfort and health risks grow as heat and humidity increase. Remember: Apparent temperatures may run 15 to 30 degrees higher in urban areas with their vast expanses of concrete and asphalt.

AD-10.64 (rev. 6)
 Attachment C
 Page 11 of 11

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Temperature Log

Unit: _____

Date:	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.				
7:30 a.m.				
8:30 a.m.				
9:30 a.m.				
10:30 a.m.				
11:30 a.m.				
12:30 p.m.				
1:30 a.m.				
2:30 p.m.				
3:30 p.m.				
4:30 p.m.				
5:30 p.m.				
6:30 p.m.				

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN MCCOLLUM, *et al.*, §
Plaintiffs, §
v. § CIVIL NO. 4:14-CV-3253
§
§
§
BRAD LIVINGSTON, *et al.*, §
Defendants. §
§

Exhibit 13

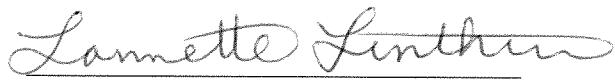
DECLARATION OF LANETTE LINTHICUM

“I am over 21 years of age, of sound mind, capable of making this declaration, and personally acquainted with the facts herein stated.

“I am a custodian of records for the Texas Department of Criminal Justice (“TDCJ”) Health Services Division. I have been asked to search for any Electronically Stored Information located on my computer which I have drafted, sent, or received related to heat, temperature, air conditioning/ventilation, or indoor temperature logs/policies which have not already been produced in response to a heat-related litigation discovery request. Attached are true and correct copies of the responsive records, kept by the TDCJ in the regular course of its business activity. The entries of such records were made as a regularly conducted activity and a regular practice of the TDCJ, and were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters.

“My name is Lannette Linthicum and I am an employee of the TDCJ, a governmental agency. I am executing this declaration as part of my assigned duties and responsibilities. I declare under penalty of perjury that the foregoing is true and correct.”

Executed in Walker County, State of Texas, on the 10th day of December, 2014.



Lannette Linthicum, MD, CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 11/07	Number: B-15.2 Page 1 of 8
	Revised: 11/07	
	Replaces: Pharmacy 55-05 & Infection Control 14.32	
	Formulated: 8/97	

HEAT STRESS

POLICY: To establish guidelines for preventing and monitoring heat stress illness.

DISCUSSION:

It is the **responsibility of the facility medical staff** to provide guidelines to assist the facility administration in the determination of safe and healthful work conditions. Every reasonable effort shall be made in the interest of preventing heat-related injuries in the workplace. Problems of heat stress are more common than those prevented by very cold environments. Heat stress is best prevented by acclimatizing staff and offenders to working under hot and humid climate conditions, assuring adequate fluid intake and, to a lesser extent, assuring adequate salt intake. Proper treatment of heat stress should begin at the work site, but severe heat stress is a medical emergency which must be treated in a medical facility. **Salt tablets should not be used in the treatment or prevention of heat stress.**

DEFINITIONS:

- I. **Heat Cramps:** usually develop following strenuous exercise, in muscles that have been subjected to extensive work. The pain is brief, intermittent and crampy, and may be quite severe. Heat cramps usually occur after several hours of work, and may occur even at low ambient temperatures. The cause is inadequate replacement of electrolytes (sodium and potassium). **Treatment** consists of rest in a cool place and replacement of fluids and electrolytes, by drinking cool, caffeine-free fluids and eating a meal. **Prevention** is accomplished by ample fluid intake during and after work, and salting of food during meals if not medically contraindicated. Use of electrolyte replacement drinks or lightly salted fruit drinks at the work site may also be beneficial.

- II. **Heat Exhaustion (Heat Prostration):** the most common form of heat stress, caused by depletion of water and salt. Symptoms include weakness, anxiety, fatigue, thirst, dizziness, headache, nausea and urge to defecate. Signs include profuse perspiration, rapid pulse, incoordination and confusion. Heat prostration may lead to **heat syncope**, a sudden onset of collapse that is usually of brief duration. During heat syncope the patient appears ashen gray and skin is cool and clammy. Failure to treat heat exhaustion may result in progression to heat stroke. Risk factors include failure to maintain adequate fluid intake during exertion, and taking diuretics. **Treatment** is to remove the person to a cool area, having them lie down, remove shirt and shoes, begin oral rehydration. Some cases may require

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HEAT STRESS

intravenous fluid replacement. **Prevention** is accomplished by ample fluid intake during work, proper work-rest cycles, and salting of food during meals if not medically contraindicated.

- III. **Heat Stroke:** is a medical emergency. While it may be preceded by signs of heat exhaustion, the onset is often sudden. In heat stroke the body has lost its ability to dissipate heat and maintain a normal body temperature. Body temperature is often elevated over 106° F. Exertional heat stroke occurs in young, healthy people who maintain inadequate fluid intake during exertion. Signs include headache, chills, gooseflesh, weakness, incoordination, nausea and vomiting, progressing to unconsciousness. Classical heat stroke is seen in the elderly, those with predisposing medical conditions such as congestive heart failure, diabetes and alcoholism, and those on medications which cause fluid depletion, interfere with sweating or interfere with the body's thermoregulatory system. Classical heat stroke has few premonitory signs. Collapse may be among the first symptoms. Skin is hot and dry, and pulse is rapid and weak. Shock and death may occur in either type of heat stroke. **Treatment** is a medical emergency. The patient must be removed to a cool, air-conditioned place, stripped and cooled rapidly using a water spray and cooling fans. **Prevention** includes ample fluid intake during work, proper work-rest cycles, excluding people at high risk from working under conditions of extreme heat and humidity, and maintaining adequate indoor conditions, such as access to cool fluids and use of cooling fans, for persons at increased risk for heat stroke.
- IV. **Anhidrotics** are drugs that inhibit perspiration.
- V. **Poikilothermics** are drugs that disrupt the body's normal temperature regulating mechanisms.
- VI. **Potentiators** are drugs which potentiate the effects of anhidrotics or poikilothermics.

PROCEDURES:

- I. Whenever the temperature is 85° F or higher, the Warden (or designee) will use the Heat and Humidity Index (Table 1) to **determine safe hot weather working conditions**. Prior to exposing workers to extremely hot working conditions, the Warden or designee should consult with medical staff to evaluate the hazard of the effective temperature.

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- II. **Acclimatization.** Offenders newly assigned to jobs which require strenuous work under conditions with an apparent air temperature of 90° F or greater (see Table 1) must be acclimatized before assuming a full workload. They should work no more than 3-4 hours at a time, separated by at least one hour rest in a cooler environment for the first week. After the first week, they may assume a normal work schedule. Acclimatization can be lost in as little as two weeks, so anybody who has been away from a hot work environment for more than two weeks should be reacclimatized. Acclimatization is not necessary for persons assigned to the same job when temperatures vary with seasonal changes.
- III. **Fluid Intake.** Offenders and staff working at apparent air temperatures over 90° F should maintain an intake of at least 16 oz of fluids per hour of work. Under extreme conditions, work should be interrupted every 15 - 20 minutes and offenders instructed to drink fluids even if they are not thirsty. Drinking water will always be available to workers in hot weather conditions.
- IV. **Work-rest Cycle.** Whenever the apparent temperature (see Table 1) is 90 - 95° F, a 5-minute rest break should be given every hour. If the apparent temperature is 96 - 120° F, a 5-minute rest break should be given every 30 minutes, and work intensity be reduced by 1/3. If the apparent temperature is over 120° F, work should be curtailed, or, if work must continue, a 10-minute rest period should follow every 20 minutes of work, and work intensity should be decreased by 1/2 to 2/3.
- V. **Newly-assigned workers** who are not acclimatized to the heat should be evaluated by the medical staff before being subjected to significant heat stress, and should be monitored by supervisors for signs of heat stress during the acclimatization period.
- VI. **Offenders on Medications.** Work assignments for offenders on medications classified as anhidrotics, poikilothermics or potentiators (see Attachment A) should be considered carefully. In general, offenders on antipsychotic drugs should not be allowed to work or recreate in environments where the apparent air temperature is 95° F or higher. This restriction should also be considered for offenders who are on other drugs classified as anhydrotics or poikilothermics or potentiators if they are on more than one such drug or if they also have an underlying medical condition that places them at increased risk (see Attachment B), particularly at higher dosage levels of the drugs. Decisions about suitability of work assignments for these offenders will be made by facility medical staff. Documentation shall be made in the patient's health record on the HSM-18, *Health Summary for Classification*, form.

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HEAT STRESS

Infopac Report #IMS042 lists all offenders with heat sensitive medical restrictions, including offenders on psychotropic medications. This list is to be reviewed at least once a week during the summer months of May through September and a determination made that the listed offenders have appropriate HSM-18 restrictions.

- VII. **Transportation.** Units are to refrain from transporting psychiatric inpatients to another facility via chain bus. Offenders on the Infopac medication list should be transported during the coolest hours of the day. Outgoing chain screens should be reviewed against the unit Infopac Report to ensure that the offenders on medication are traveling on the appropriate mode of transportation. Please note that the Transportation Department adjusts their schedule during the summer months so that routes are run during the coolest part of the day.
- VIII. **Training.** Facility medical staff shall provide initial and annual training in the prevention of temperature extreme injury to all supervisory personnel who manage employees and offenders. Documentation of completed training shall be maintained by the Facility Health Administrator. Training should generally be accomplished in March or April of each year.

References

- TDCJ Administrative Directive 10.64, rev.1, Temperature Extremes in the TDCJ-ID Workplace (Cold/Hot).

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HEAT STRESS									
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TABLE 1
HEAT AND HUMIDITY INDEX
ACTUAL AIR TEMPERATURE (°F)

Relative Humidity	80°	85°	90°	95°	100°	105°	110°	115°	120°
0%	73	78	83	87	91	95	99	103	107
10%	75	80	85	90	95	100	105	111	116
20%	77	82	87	93	99	105	112	120	130
30%	78	84	90	96	104	113	123	134	148
40%	79	86	93	101	110	123	137	151	167
50%	81	88	96	107	120	135	150	165	182
60%	82	90	100	114	132	149	166	183	201
70%	85	93	106	124	144	164	184	204	224
80%	86	97	113	136	160	184	208	232	256
90%	88	102	122	156	186	214	244	274	304
100%	91	108							

{Apparent Air Temperature}

XX	Heat exhaustion possible
XX	Heat stroke possible
XX	Heat stroke imminent

Source: US National Weather Service

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HEAT STRESS

**ATTACHMENT A
DRUGS ASSOCIATED WITH HEAT STRESS***

	Anhydrotic	Poikilothermic	Potentiator
Anticonvulsants Topiramate (Topamax®)**	+		
Anticholinergics** Benztropine (Cogentin®) Biperiden (Akineton®) Hyoscyamine (Levbid®) Oxybutynin (Ditropan®) Trihexyphenidyl (Artane®)	+		
Antihistamines Cyproheptadine (Periactin®) Diphenhydramine (Benadryl®) Hydroxyzine (Atarax®) Promethazine (Phenergan®)		+	
Antipsychotics** ALL		+	
Antidepressants Clomipramine (Anafranil®) Desipramine (Norpramin®) Doxepin (Sinequan®) Imipramine (Tofranil®) Nortriptyline (Pamelor®)		+	
Beta Blockers Atenolol (Tenormin®) Metoprolol (Lopressor®) Propranolol (Inderal®)		+	+
Diuretics Furosemide (Lasix®) Hydrochlorothiazide (Hydrodiuril®)		+	+

* This list only includes some of the more common medications associated with heat stress

** These drugs have specific warnings from the manufacturer to avoid excessive heat and dehydration.

In general, offenders on antipsychotic drugs should not be allowed to work or recreate in environments where the apparent air temperature is 95° F or higher. This restriction should also be considered for offenders who are on other drugs classified as anhydrotics or poikilothermics or potentiators if they are on more than one such drug or if they also have an underlying medical condition that places them at increased risk, particularly at higher dosage levels of the drugs. Decisions about suitability of work assignments and recreation areas for these offenders will be made by facility medical staff.

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HEAT STRESS

References:

1. Cuddy, MLS. The Effects of Drugs on Thermoregulation. *AACN Clinical Issues* 2005;15(2): 236-253.
2. Glazer JL. Management of Heatstroke and Heat Exhaustion. *American Family Physician* 2005;11(71): 2133-2140.
3. Kwok J and Chan T. Recurrent Heat Related Illnesses during Antipsychotic Treatment. *Ann of Pharmacotherapy* 2005;39:1940-1942.
4. Martinez M, Davenport L, Saussy J, Martinez J. Drug-Associated Heat Stroke. *Southern Medical Journal* 2002; 95(8):799-802.
5. OSHA Protecting workers in Hot Environments Fact Sheet 1995. Accessed via the internet at http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=FACT_SHEETS&p_id=167.
6. Pluth PY. Heat Stroke: A Comprehensive Review. *AACN Clinical Issues* 2004;15(2): 280-293.
7. Prevention and Treatment of Sunburn. *Med Lett Drugs Ther* 2004;46:45-46.
8. Reily TH, Kirk MA. Atypical Antipsychotics and Newer Antidepressants. *Emerg Med Clin N Am* 2007;477-497.
9. Clinical Pharmacology. Accessed via internet www.clinicalpharmacology.com
10. Medication Package Inserts. Accessed via internet

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HEAT STRESS

ATTACHMENT B
COMORBIDITIES THAT MAY AFFECT HEAT TOLERANCE

Cardiovascular Disease
 Cirrhosis of the Liver
 Chronic Obstructive Pulmonary Disease/Asthma
 Cystic fibrosis
 Diabetes
 Psychiatric conditions
 Sjogren's syndrome
 Sweat gland dysfunction
 Thyroid dysfunction
 Age > 65

References:

1. Bailes BK, Reeve K. Prevention of Heat-Related Illness. *JNP* 2007;161-168.
2. Luber GE. Heat-Related Deaths-United States, 1999-2003. *MMWR* 2006;55(29):796-798.
3. Reily TH, Kirk MA. Atypical Antipsychotics and Newer Antidepressants. *Emerg Med Clin N Am* 2007;477-497.
4. Sucholeiki R. Heatstroke. *Semin Neurol* 2005;25(3): 307-314.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN MCCOLLUM, *et al.*, §
Plaintiffs, §
v. § CIVIL NO. 4:14-CV-3253
§
§
§
BRAD LIVINGSTON, *et al.*, §
Defendants. §
§

Exhibit 14

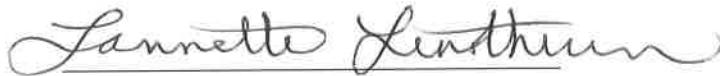
DECLARATION OF LANNETTE LINTHICUM, M.D.

“I am over 21 years of age, of sound mind, capable of making this declaration, and personally acquainted with the facts herein stated.

“I am a custodian of records for the Health Services Division of the Texas Department of Criminal Justice (“TDCJ”). I have been requested to provide true and correct copies of heat related documentation and correspondence maintained in my files. Attached are true and correct copies of the responsive records which are kept by the TDCJ in the regular course of its business activity. The entries of such records were made as a regularly conducted activity and a regular practice of the TDCJ, and were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters.

“My name is Lannette Linthicum and I am an employee of the TDCJ, a governmental agency. I am executing this declaration as part of my assigned duties and responsibilities. I declare under penalty of perjury that the foregoing is true and correct.”

Executed in Walker County, State of Texas, on the 15 day of June, 2016.



Lannette Linthicum, M.D.
Director, Health Services Division
Texas Department of Criminal Justice

**DR. LANNETTE
LINTHICUM'S
HEAT RELATED
CORRESPONDENCE
FILE FOLDER 1998-2000**

- I. IOC dated July 28, 1998, "Heat" from Wayne Scott, Executive Director to Allan Polunsky Chairman, Texas Board of Criminal Justice.
- II. IOC dated July 28, 1998, "Heat" from Gary Johnson, Institutional Division Director to Wayne Scott, Executive Director.
- III. IOC dated March 12, 1999, "Working Group: Preparation for Summer Heat" from Gary Johnson, Institutional Division Director to Dr. Lannette Linthicum Director, Health Services Division.
- IV. Letter dated February 16, 2000, "Air Conditioned Buses" from Mike Mangham, Program Administrator V, Inmate Transportation to Dr. Lannette Linthicum Director, Health Services Division.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

INTER-OFFICE COMMUNICATION

The Texas Department of Criminal Justice (TDCJ) is continually working to strengthen its Risk Management Program and to provide a safe environment for staff and offenders. The extreme high temperatures have been a major source of concern to administration. All avenues are being taken to provide relief and avoid heat-related illnesses to staff and offenders.

As a matter of routine practice, TDCJ employees are trained in accordance with Administrative Directive (AD) 10.64, "Temperature Extremes in the TDCJ Work Place (Cold/Hot)." This policy (attached) provides information regarding symptoms of heat strokes, heat cramps, and heat exhaustion as well as emergency treatment procedures. Also on a routine basis, an E-mail message is sent out each year from Health Services when hotter weather is beginning. The E-mail reiterates the possibility of heat emergencies; reminds staff of the signs and symptoms of heat-related illnesses; and provides emergency treatment procedures. In 1998, an E-mail was sent out in June (attached).

The following is a summary of actions taken by TDCJ over the last several months in preparation for and response to the Texas summer heat.

Date	ACTION
July 1, 1998	New procedures implemented for transportation of psychiatric patients during the coolest hours of the day
July 3, 1998	More information given to lower risk of heat-related illnesses (employees and offenders) during transportation of offenders.
July 3, 1998	Mainframe report listing offenders who have heat-related medical restrictions becomes available to units.
July 8, 1998	E-mail reminder sent out for employees to take precautions in heat.

Heat IOC
July 28, 1998
Page 2 of 3

ACTION	
July 14, 1998	Risk Management arranges for 100 box fans to be used at back gates for chain buses.
July 14, 1998	Lannette Linthicum, M.D., requests Wardens and unit Health Administrators check that offenders currently prescribed with heat-sensitive medications are properly documented on the Health Summary for Classification screen.
July 21, 1998	Procedures begin for emergency purchase of 1,884 fans that will be delivered in phases over the next two weeks to all ID and SJD facilities.

In addition to the above actions, each unit/facility is using its discretion on additional precautions. The precautions are based on regional placement, resource availability, and unit/facility structure. Additional precautions have included:

Cooling

- Installation of fans in the dorms and dining halls.
- Increasing the air flow in the dorms by operating the blowers normally used to move hot air in the winter (during the hours of early a.m. and late p.m. to avoid circulating hot air).
- Allowing more access to the showers where feasible.
- Keeping windows open and window screens clear.
- Painting of sky windows in order to reduce direct sunlight and heat in dorm areas.
- Roofs of metal dormitories are sprayed with water twice daily to reduce heat within the building (soaker hoses on dorms at Murray Unit have brought temperatures down three degrees).
- Turning off lights during the daytime to reduce heat whenever possible.
- Water misters are being installed in front of some fans.

Fluids

- Providing ice water in the dorms and other housing areas around the clock.
- Providing frequent water breaks to offenders and staff.
- Providing drinks with electrolyte replacement (i.e., Gatorade and other similar drinks) when possible.
- Offenders are encouraged to consume plenty of fluids before turnout.

Heat IOC
July 28, 1998
Page 3 of 3

Movement

- Restriction of outside activities (including work) during the hottest hours of the day.
- Offenders and staff are encouraged to work at a slower pace.
- General population areas have increased the ingress/egress (ins and outs of cells) of its offenders.
- Offenders with medical heat-related restrictions have been moved from upper cell rows to lower levels.
- Some cell restrictions have been suspended for the period of heat during the second shift which is the hottest part of the day.
- Where possible, correctional staff are being rotated to ensure each officer is periodically moved to a position where the heat is less extreme.
- Pill window waiting line designated out of the sun.

Monitoring

- Monitoring the temperature on a daily (and even hourly) basis by unit Risk Management Coordinator showing time, temperature, humidity, heat index, and risk possibilities.
- More frequent preventive maintenance checks on all air ventilation systems.
- Employees have been advised and trained to watch their fellow employees and offenders for signs of heat-related stress.
- Signs posted in dayrooms in English and Spanish to give "Helpful Hints to Avoid Heat Stress."
- Offenders and staff are to report to a supervisor if they are not feeling well due to heat and to take a break to cool down.

Clothing

- Issuance of proper head wear for offenders and staff.
- Gym shorts and t-shirts are being allowed in some dayrooms and recreation yards.

There may be some other activities which are being used on the units/facilities to reduce the risk of heat-related illnesses which may have not been listed. Please be assured that all possible means are being used to avoid problems for offenders and staff during this period of extreme summer heat. Thank you.

WS/GLJ/bsr

attachments

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

INTER-OFFICE COMMUNICATION

TO: Wayne Scott
Executive Director

FROM: Gary Johnson
Director, Institutional Division

DATE: July 28, 1998

SUBJECT: Heat

The following is a synopsis of actions taken by the Texas Department of Criminal Justice-Institutional Division over the last several months in preparation for and response to the Texas summer heat. Attachments are provided as appropriate.

Regular TDCJ-ID procedures (on-going)

- *Administrative Directive 10-64 (rev. 1) - "Temperature Extremes in the TDCJ-ID Work Place (Cold/Hot)"* - Policy which gives TDCJ employees symptoms of heat strokes, heat cramps, and heat exhaustion as well as emergency treatment. Training policies and responsibilities are also set forth in this directive. The directive is currently being updated by Executive Services to reflect current Agency structure and language as well as additional information provided by Risk Management. - **Attachment 1**
- *1997 and 1998 Reminder E-mails* - Each year when hotter weather is beginning, an E-mail is sent out from Health Services reiterating the possibility of heat emergencies; reminding of the signs and symptoms of these illnesses; and providing emergency treatment procedures. - **Attachment 2**

Procedures implemented in response to extreme heat

- *July 1, 1998 Health Services E-mail* - New guidelines set forth for transportation of psychiatric patients during the coolest hours of the day. - **Attachment 3**
- *July 2, 1998 Transportation E-mail* - Time of departure for Huntsville Region chain vehicle to Skyview, Hodge, and Diboll units changed from 3:00 p.m. to 4:00 a.m. - **Attachment 4**
- *July 3, 1998 Janie Cockrell E-mail* - Direction given by Deputy Director for Security - Institutional Division, in conjunction with Assistant Director for Transportation, for lowering risk of heat-related illnesses (employees and offenders) during transportation of offenders. - **Attachment 5**

Heat IOC
July 28, 1998
Page 2 of 2

- *July 3, 1998 Health Services E-mail (11:14 a.m.)* - Procedures begun for Unit Health Administrators to identify those offenders who are sensitive to heat-related medical problems. - **Attachment 6**
- *July 3, 1998 Health Services E-mail (2:56 p.m.)* - Notice that Infopac report listing offenders who have heat-related medical restrictions is available. - **Attachment 7**
- *July 8, 1998 Institutional Division E-mail* - Reminder and procedures for employees to take precautions in heat. - **Attachment 8**
- *July 14, 1998 Risk Management E-mail* - Notice that 100 box fans had been ordered for use at back gates for chain buses. - **Attachment 9**
- *July 14, 1998 Health Services E-mail* - IOC requesting Wardens and Health Administrators check to ensure offenders currently prescribed with heat-sensitive medications are properly documented on the Health Summary for Classification screen. - **Attachment 10**
- *July 21, 1998 Janie Cockrell IOC* - Information concerning emergency purchase of 1,422 36" high volume direct drive circulator fans. - **Attachment 11**
- *July 27, 1998 Tom Baker IOC* - Summary of actions to reduce high temperatures in State Jail facilities. - **Attachment 12**
- *July 27, 1998 Region I IOC* - Summary of actions to respond to heat at Region I. - **Attachment 13**
- *July 27, 1998 Region II IOC* - Summary of actions to respond to heat at Region II. - **Attachment 14**
- *July 27, 1998 Region III IOC* - Summary of actions to respond to heat at Region III. - **Attachment 15**
- *July 27, 1998 Region IV IOC* - Summary of actions to respond to heat at Region IV. - **Attachment 16**
- *July 27, 1998 Region V IOC* - Summary of actions to respond to heat at Region V. - **Attachment 17**

There are numerous activities, as shown above, taking place in order to lower the risk of heat-related illnesses to employees and offenders. For further information, please contact me at (409) 294-2169 or Janie Cockrell at (409) 294-6318. Thank you.

GLJ/bsr

Attachment

1



**Texas Department
of
Criminal Justice
Institutional Division**

Number: AD-10.64 (rev.1)
Date: December 13, 1993
Page: 1 of 7
Supersedes: AD-10.64
(Sept. 19, 1986)

ADMINISTRATIVE DIRECTIVE

SUBJECT: TEMPERATURE EXTREMES IN THE TDCJ-ID WORK PLACE (COLD/HOT)

AUTHORITY: Administrative Directive 10.61, Safety Policy; and Health Services Policy and Procedures Manual.

PURPOSE: To establish Texas Department of Criminal Justice - Institutional Division (TDCJ-ID) guidelines to assist the unit administration in the determination of safe and healthful work conditions. Guidelines for outside recreation are found in the unit recreation manual.

POLICY: It is the responsibility of the TDCJ-ID to provide a safe and healthful place for employees and inmates to work. The Unit Wardens in coordination with involved Department Heads shall confer to determine acceptable work conditions (i.e. work site temperature for turning out unit labor forces). Every reasonable effort shall be made in the interest of preventing cold/hot related injuries in the workplace. As the TDCJ-ID continues to expand and locate units throughout the State of Texas, it is apparent the decision to expose employees and/or inmates to extreme temperature (cold/hot) must be made by the on-site staff.

DISCUSSION: TDCJ-ID employees and inmates are at times required to work in conditions of extreme cold or extreme heat. Frequently, situations may occur which require the work be done regardless of the temperature or weather conditions and which dictate that appropriate clothing be worn in order to limit exposure and/or the workplace conditions be adjusted to reduce the risk of injury. Problems of heat stress are more common than those presented by a very cold environment. Procedures and charts are provided to assist unit officials in determining safe working conditions in both high and low temperature extremes. Employees and inmates must be exposed gradually to extreme heat and cold weather conditions. Individuals should be exposed to no more than 3 - 4 hours at a time, until acclimatized to existing weather conditions. Work periods may then be extended as the individual's physical adjustment occurs. Appropriate clothing must be worn to protect individuals from extreme hot/cold weather conditions at all times.

PROCEDURES: Prior to exposing workers to extreme temperature conditions (cold/hot), the Unit Warden or designee and involved department heads should obtain specific medical guidance necessary to appreciate the specific hazards and to institute measures which will prevent cold/heat injury. In all cases of temperature-related incidents and/or injuries, medical personnel must be notified immediately and upon arrival on the scene the medical personnel will take control of the situation. The victim should be removed from the existing environment by the most expeditious means available to receive proper medical treatment.

I. Extreme Cold Conditions:

A. Determination:

1. The Unit Warden shall use the Windchill Index Guidelines (Attachment A) and the local news/weather media for determining the safety of cold weather working conditions;
2. Clothing considered appropriate for inmates working in cold weather is thermal underwear, insulated green jackets, cotton gloves, insulated hoods, mittens, and heavy work shoes and socks. Insulated hoods and mittens are reserved for inmates assigned to outside work assignments or to non-heated work areas on units located north of a line formed by I-20. Inmates working south of a line formed by I-20, who are required to work outdoors or in non-heated areas during extreme cold conditions, will be provided insulated hoods and mittens. The windchill index (Attachment A) should be used to determine the need for insulated hoods and mittens south of I-20.
3. Prior to exposing workers to cold conditions, medical guidance should be requested to determine appropriate clothing and footwear to prevent cold injury;
4. Care should be taken to prevent perspiration which could soak clothing and thus compromise the insulating value of clothing; and
5. Layers of clothing should be removed or added according to the effective temperature and the level of physical activity.

B. Symptoms:

1. Hypothermia is a condition where the body loses heat faster than it can produce it. With the onset of this condition, blood vessels in the skin constrict (tighten) in an attempt to conserve vital internal body heat, thus affecting the hands and feet first;
2. If one's body continues to lose heat, involuntary shivers begin. This is the body's way to produce more heat and is usually the first real warning sign of hypothermia; and
3. Further heat loss produces speech difficulty, forgetfulness, loss of manual dexterity, collapse and finally death.

C. Emergency Treatment:

1. Bring the victim out of the cold and remove wet clothing;
2. Wrap the victim in warm blankets or clothing;

3. If frostbite exists gently heat the affected area with warm water or warm towels. Do not rub the affected area nor use heating pads or hot water bottles;
4. The medical staff will continue the treatment upon arrival at the site or when the patient is delivered to their control; and
5. Apply the "ABC" of life support (open Airway, assist Breathing, and restore Circulation), if necessary.
6. If local cold injury is sustained, field personnel should administer the following first aid procedures immediately:
 - a. Restrict individual from further duties or activities until severity is evaluated;
 - b. Remove all constricting items of clothing and footgear from injured areas;
 - c. Remove wet clothing and insulate individual with dry clothing and blankets, making sure the injured area is covered;
 - d. Prohibit not only smoking, and alcohol consumption, but also the application of medications, salves or ointments. Nicotine causes vasoconstriction, which may further decrease blood supply to injured tissue. Alcohol affects peripheral blood flow;
 - e. Do not rupture blisters;
 - f. Encourage consumption of warm, sweetened liquids;
 - g. If a lower extremity is affected, treat as a stretcher patient by elevating the affected lower extremity slightly;
 - h. If evacuation from cold requires travel on foot, do not thaw the affected area until the individual reaches medical help; and
 - i. Transport the individual to definitive medical care as soon as possible.
7. Three types of hypothermia. Hypothermics are divided into the following three categories, depending on the degree of injury:
 - a. First category victims are conscious, but cold, with rectal temperature above 90° Fahrenheit. They should be handled carefully, insulated, and transported to definitive medical care;

- b. Second category victims are unconscious and with a rectal temperature of 90° Fahrenheit or below. They, too, should be handled carefully and insulated from further heat loss. If available, provide ventilatory assistance with oxygen and administer intravenous fluid. Then, transport to definitive medical care;
- c. Third category victims are those who are comatose with no palpable pulse and no visible respiration. Although they appear to be dead, the victim may have a slight chance of recovery if the rectal temperature is 60.8° Fahrenheit (16° Centigrade) or higher. If possible, medical personnel should proceed as follows:
 - (1) Apply positive pressure ventilation with oxygen;
 - (2) Judge the possibility of administering cardiopulmonary resuscitation (CPR). The decision of whether or not to administer CPR is probably more situational than medical, yet administration is controversial. Respiratory effort is lost long before cardiac function, yet successful resuscitation after an estimated three hours of no heart beat have been reported. The number of successful resuscitations is growing rapidly with better understanding of physiology and more management experience. Consider the following before initiating CPR:
 - (a) The difficulty in verifying, in the field, that the heart has stopped;
 - (b) The compromise of rescuers to administer procedure during evacuation;
 - (c) The ability to continue CPR during rescue;
 - (d) The likelihood that chest compression will fibrillate or stop the slow-beating, sensitive heart; and
 - (e) The unlikelihood of continuing circulation by compressing a cold, stiff chest and heart muscle.
 - (3) Insulate victim and transport to definitive medical care.

II. Extreme Hot Conditions:

A. Determination:

1. The Unit Warden will use the Heat and Humidity Matrix (Attachment B) to determine safe hot weather working conditions;

2. Guidelines to assist the Unit Warden in his/her determination can be found in the Heat Index and by contacting the local news media to confirm specific temperature conditions;
3. When the temperature is over 85 degrees Fahrenheit, the Unit Warden will determine whether or not the work environment is safe;
4. If the temperature is determined to be unsafe, precautionary measures must be implemented as stated in the Heat and Humidity Matrix;
5. Prior to exposing workers to extremely hot working conditions, the Unit Warden or designee should consult medical sources to evaluate the hazards of the effective temperatures, and the hazard of sunburn and other results of ultraviolet radiation;
6. Workers will be provided and required to use clothing appropriate to the effective temperatures and the hazards imposed by ultraviolet radiation (usually light-weight, long-sleeved shirts can be used to an advantage in high heat and direct sunlight);
7. Drinking water will always be available to workers in conditions of hot weather. Sodium-containing liquids may be used; according to individual medical advice, depending on a worker's state of acclimatization to hot weather working conditions;
8. Newly-assigned workers who may not be acclimatized to the heat should be evaluated medically prior to being subjected to significant heat stress and should be closely monitored by supervisors for early evidence of heat intolerance;
9. High water intake, according to Attachment B of this directive, should be enforced; and
10. Inmates under treatment with diuretics and/or drugs which inhibit sweating require special medical evaluation when assigned to work in extreme heat.

B. Symptoms:

1. Heat Stroke symptoms are as follows:
 - a. Perspiring (sweating) is diminished or absent;
 - b. The skin is hot, dry and flushed;
 - c. Increased body temperatures, which if uncontrolled may lead to delirium, convulsions and even death; and
 - d. Medical care is urgently needed.

2. Heat Cramps symptoms include the following:

- a. Painful intermittent spasms of the voluntary muscles following hard physical work in a hot environment; and
- b. Cramps usually occur after heavy perspiring, and often begin at the end of a work shift.

3. Heat Exhaustion symptoms are as follows:

- a. Profuse perspiring, weakness, rapid pulse, dizziness, nausea and headaches;
- b. The skin is cool and sometimes pale and clammy with perspiration;
- c. Body temperature is normal or subnormal; and
- d. Nausea, vomiting and unconsciousness may occur.

C. Emergency Treatment:

1. In all cases of temperature-related incidents and/or injuries, the First Aid process is to be initiated immediately by either security personnel or by other TDCJ-ID personnel;
2. The on-site personnel must immediately begin an attempt to decrease the patient's temperature by placing the patient in a cool area;
3. All clothing of the patient should be saturated with water and the victim should be forced to drink fluids (i.e. water);
4. All of these measures are to be taken while moving the patient in the most expeditious means available to continue with and obtain proper medical treatment; and
5. Whenever medical staff are on-site, treatment is to continue as directed by the physician and/or medical staff.

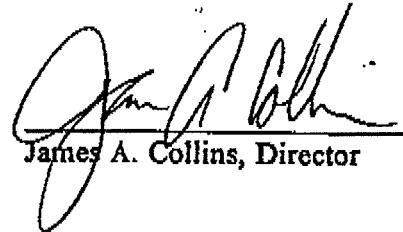
III. Training:

- A. Each Unit Warden must ensure that training in the prevention of temperature extreme injury is provided by the unit Medical Department to all supervisory personnel who manage employees and inmates.
- B. Documentation of completed training by name and social security number shall be maintained by the Unit Health Administrator.

C. A standardized training program will be developed by the Director of Medical Training and Continuing Education:

1. The initial cold/hot training is provided in the Pre-Service and In-Service Training sessions;
2. The training given in a group setting, however, is not to the extent necessary to ensure that select unit staff personnel are presented adequate training;
3. All units are responsible for an annual refresher standardized training program;
4. Hot weather training would be best served if given during the March and April timeframe;
5. Cold weather training should be completed during the months of September and October.

IV. This administrative directive supersedes Occupational Safety and Health Manual 5-I-1, "Cold Weather Work Policy" (dated December 29, 1988); and Rules and Regulations and Grievance Procedures 3.7.1., "Outdoor Work" (printed February 27, 1978).



James A. Collins, Director

WINDCHILL INDEX

Wind speed in mph	ACTUAL THERMOMETER READING (F)										
	50	40	30	20	10	0	-10	-20	-30	-40	
EQUIVALENT TEMPERATURE (F)											
calm	50	40	30	20	10	0	-10	-20	-30	-40	
5	48	37	27	16	6	-5	-15	-26	-36	-47	
10	40	28	16	4	-9	-21	-33	-46	-58	-70	
15	36	22	9	-5	-18	-36	-45	-58	-72	-85	
20	32	18	4	-10	-25	-39	-53	-67	-82	-96	
25	30	16	0	-15	-29	-44	-59	-74	-88	-104	
30	28	13	-2	-18	-33	-48	-63	-79	-94	-109	
35	27	11	-4	-20	-35	-49	-67	-82	-98	-113	
40	26	10	-6	-21	-37	-53	-69	-85	-100	-116	
Over 40 mph (little added effect)	LITTLE DANGER (for properly clothed person)				INCREASING DANGER (Danger from freezing or exposed flesh)			GREAT DANGER			

The human body senses "cold" as a result of both the air temperature and wind velocity. Cooling of exposed flesh increases rapidly as the wind velocity goes up. Frostbite can occur at relatively mild temperatures if wind penetrates the body insulation. For example, when the actual air temperature of the wind is 40 degrees Fahrenheit (4.4 degrees Celsius) and its velocity is 30 mph (48 km/h), the exposed skin would perceive this situation as an equivalent still air temperature of 13 degrees Fahrenheit (-11 degrees Celsius).

Clothing considered appropriate and currently available in the inventory is thermal underwear, insulated green coats, cotton gloves, insulated hoods, mittens, and the heavy work shoes with socks. Again, caution must be taken when exposed for longer period of time occurs.

HEAT AND HUMIDITY

Relative Humidity	AIR TEMPERATURE (Degrees Fahrenheit)											
	70	75	80	85	90	95	100	105	110	115	120	
0%	64	69	73	78	83	87	*91	*95	*99	*103	+107	
10%	65	70	75	80	85	*90	*95	*100	+105	+111	+116	
20%	66	72	77	82	87	*93	*99	+105	+112	+120	\$130	
30%	67	73	78	84	*90	*96	*104	+113	+123	\$135	\$148	
40%	68	74	79	86	*93	*101	+110	+123	\$137	\$151		
50%	69	75	81	88	*96	+107	+120	\$135	\$150			
60%	70	76	82	*90	*100	+114	\$132	\$149				
70%	70	77	85	*93	+106	+124	\$144					
80%	71	78	86	*97	+113	\$136						
90%	71	79	88	*102	+122							
100%	72	80	*91	+108								

* Heat exhaustion possible

Heat exhaustion: Staff to insure adequacy of water intake, look for signs of exhaustion. 5 minute rest break every hour.

Heatstroke possible: Staff to promote high water intake, 5 minute rest break every $\frac{1}{2}$ hour-lay down, feet up. Reduce work by 1/3.

Heatstroke imminent: Secure outside work or reduce work pace by $\frac{1}{2}$ to 2/3. 10 minute break every $\frac{1}{2}$ hour-lay down, feet up. Insist on excessive water intake.

Heat and Humidity: At high temperatures, the human body normally cools itself through the evaporation of perspiration. But humidity interferes with this process. The table above, from the National Weather Service, shows how discomfort and health risks grow as heat and humidity increase. Remember: Apparent temperatures may run 15 to 30 degrees higher in urban areas with their vast expanses of concrete and asphalt.

Attachment

2

40 1004

*** REQUESTOR: BRI9859 - RILEY, BRENDA *****
***** EXECUTIVE SERVICES *****

S Y S M I N B A S K E T P R I N T

MESSAGE ID: 462941 DATE: 07/08/97 TIME: 02:42PM PRIORITY: 000

TO: BRI9859 - RILEY, BRENDA
SENIOR ANALYST
EXECUTIVE SERVICES
HUNTSVILLE

FROM: MPU9182 - PUGH, MIKE
ASSISTANT DIRECTOR
HEALTH SERVICES
3009 HIGHWAY 30 WEST, RM. 112
HUNTSVILLE, TEXAS 77340

SUBJECT: HEAT RELATED ILLNESSES

TO: ALL UNIT WARDENS AND SECURITY OPERATIONS PERSONNEL

FROM: MICHAEL WARREN, M.D./DIVISION DIRECTOR/TDCJ HEALTH SRVCS.

DURING THE SUMMER MONTHS THE INCIDENTS OF HEAT RELATED ILLNESSES RISE DRAMATICALLY. DURING PRE-SERVICE TRAINING MANY OF YOU WERE INTRODUCED TO HEAT EMERGENCIES AND INSTRUCTED ON HOW TO RECOGNIZE SIGNS AND SYMPTOMS OF THESE ILLNESSES AND TO CORRECTLY DESCRIBE WHAT YOU SEE. SECURITY STAFF ARE WITH INMATES EVERY DAY AND IF YOU SEE SIGNS THAT SUGGEST SOMEONE MIGHT BE ILL, IT IS IMPORTANT FOR YOU TO LET THE MEDICAL STAFF KNOW WHAT YOU HAVE OBSERVED.

HEAT CRAMPS:

HEAT CRAMPS ARE MUSCULAR SPASMS DUE TO LOSS OF SALT WITH PROFUSE SWEATING. THESE CRAMPS MAY BE SPASMODIC IN THE ABDOMEN, LEGS OR ARMS. HAVE THE PERSON COOL OFF AND DRINK WATER OR LEMONADE WITH ONE-HALF TEASPOON OF SALT ADDED TO A GLASS. GATORADE, IF AVAILABLE, IS ALSO GOOD.

HEAT EXHAUSTION:

IT IS CHARACTERIZED BY FATIGUE, WEAKNESS, DIZZINESS, HEADACHE, NAUSEA AND SOMETIMES ABDOMINAL CRAMPING, OR THE VICTIM MAY SUDDENLY COLLAPSE. HEAT EXHAUSTION IS A REACTION TO HEAT, WITH LOSS OF BODY FLUIDS DUE TO PERSPIRATION AND AN INADEQUATE INTAKE OF FLUIDS. AN AFFECTION PERSON PERSPIRES; THE SKIN IS COOL AND WET. TREATMENT CONSISTS OF PLACING THE PERSON IN THE SHADE WITH FEET ELEVATED (IF DIZZY OR FAINT). APPLY COOL, WET CLOTHS AND FAN THE VICTIM. GIVE WATER IN SMALL AMOUNTS.

HEAT STROKE:

THIS IS A LIFE THREATENING MEDICAL EMERGENCY. ONE HUNDRED PERCENT OF AFFECTED PERSONS DIE IF NOT TREATED, AND 50% DIE EVEN WHEN TREATED. HEAT STROKE RESULTS FROM PROLONGED EXPOSURE TO HEAT OR HIGH HUMIDITY, COMBINED WITH STRENuous ACTIVITY OR EXERCISE. THE SKIN IS HOT AND DRY. THE SWEATING MECHANISM IS NOT WORKING. HEAT STROKE VICTIMS MAY TDCJ 7421

COLLAPSE AND RAPIDLY PROGRESS TO A COMA OR DEATH IF NOT TREATED.
- COOL THE PERSON AT ONCE - GET HIM OUT OF THE SUN.
- SPONGE OFF OR APPLY COLD PACKS TO THE SIDES OF THE BODY.
- GET MEDICAL HELP QUICKLY !!!

THANK YOU.

COPY: GARY JOHNSON, DIRECTOR/INSTITUTIONAL DIVISION
JERRY PETERSON, DEPUTY DIRECTOR FOR SECURITY
TOM BAKER, DIRECTOR/STATE JAIL DIVISION
JANICE WILSON, ASSISTANT DIRECTOR/STATE JAIL DIVISION
REGIONAL DIRECTORS/INSTITUTIONAL DIVISION
JIM RILEY, EXECUTIVE DIRECTOR (MHCAC)

Sent to:			
MEOR	<list>		(to)
UNTS	<list>		(to)
JDA4251	DANA, JANET		(to)

5.60

*** REQUESTOR: BRI9859 - RILEY, BRENDA PLANS AND OPERATIONS
*** SYSTM IN BASKET PRINT

MESSAGE ID: 315480TTT DATE: 07/02/98 TIME: 10:17am PRIORITY: 000

TO: BRI9859 - RILEY, BRENDA
PROGRAM ADMINISTRATOR I
PLANS AND OPERATIONS
HUNTSVILLE

FROM: DLI2149 - LILES, DEBRA
ASST DIRECTOR
MANAGEMENT SUPPORT
HUNTSVILLE

SUBJECT: TRANSFER FOR SUMMER MONTHS

*** Sent by Alternate User "RHI7304" for "DLI2149" ***
*** Transferred From: FAU1001 - AUBUCHON, FRANK; 07/02/98 10:16am
*** Transferred From: SBE9669 - BELL, SHERMAN; 07/02/98 09:06am
*** Original Author: HQMD001 - SCOTT, ANDREA; 07/01/98 04:51pm

ATTENTION ALL MEDICAL DEPARTMENTS AND UNIT WARDENS

EFFECTIVE IMMEDIATELY, THE FOLLOWING GUIDELINES SHOULD BE USED IN DETERMINING THE MODE OF OFFENDER TRANSFERS:

* THE FOLLOWING GUIDELINES OF PSYCHIATRIC PATIENTS FROM ONE INPATIENT FACILITY TO ANOTHER INPATIENT FACILITY WILL NOT BE MADE VIA CHAIN BUS. UNIT TRANSPORTATION AND/OR EMS TRANSFER WILL BE MADE BY THE SENDING UNIT.

* OFFENDERS BEING TRANSFERRED TO A PSYCHIATRIC INPATIENT FACILITY FOR CRISIS MANAGEMENT OR INPATIENT CARE WILL NOT BE MADE VIA CHAIN BUS. UNIT TRANSPORTATION AND/OR EMS TRANSFER WILL BE MADE BY THE SENDING UNIT.

MEDICAL STAFF ARE REMINDED THAT OUTGOING CHAIN SCREENS MUST BE CONDUCTED FOR ALL OFFENDERS IN ORDER TO ASSURE THAT THE SELECTED MODE OF TRANSPORTATION IS APPROPRIATE FOR THE OFFENDERS' MEDICAL AND PSYCHIATRIC STATUS. THIS IS PARTICULARLY IMPORTANT DURING HOT WEATHER MONTHS.

DURING THE SUMMER MONTHS, TDCJ TRANSPORTATION WILL FOLLOW A SPECIAL SCHEDULE TO MAXIMIZE ROUTINE TRANSPORTATION DURING THE COOLEST HOURS OF THE DAY. HOWEVER, IF IT IS DETERMINED THAT AN OFFENDER IS NOT APPROPRIATE FOR CHAIN BUS TRANSPORTATION, ARRANGEMENTS MUST BE MADE BY THE UNIT FOR EITHER UNIT VAN OR EMS TRANSFER. IF THE REASON FOR THE TRANSFER IS FOR A SPECIALTY CLINIC APPOINTMENT, THE UNIT MEDICAL DEPARTMENT IS RESPONSIBLE FOR ENSURING THAT THE OFFENDER KEEPS THE APPOINTMENT OR FOR THE NECESSARY RESCHEDULING.

DURING HOT WEATHER, IT IS ESPECIALLY IMPORTANT THAT CLINICAL STAFF OBSERVE STRICT ADHERENCE TO TDCJ PHARMACY POLICY AND PROCEDURE 55-05, MANAGEMENT OF PATIENTS RECEIVING MEDICATIONS THAT MAY POTENTIATE HEAT STRESS AND PHOTOSENSITIVITY.

I HAVE COMMUNICATED WITH JANIE COCKRELL, DEPUTY DIRECTOR FOR SECURITY. WE ARE IN AGREEMENT THAT WITH THE ABOVE PROCEDURES IN PLACE, PSYCHIATRIC PATIENTS MAY BE TRANSPORTED BY CHAIN BUS. PLEASE DISREGARD ALL PREVIOUS COMMUNICATIONS CONCERNING THIS MATTER.

AUTH: LANNETTE LINTHICUM, M.D.
DIVISION DIRECTOR FOR HEALTH SERVICES

*** Comments From: SBE9669 - BELL, SHERMAN; 07/01/98 05:37pm

*** Comments From: FAU1001 - AUBUCHON, FRANK; 07/02/98 09:06am

*** Comments From: DLI2149 - LILES, DEBRA; 07/02/98 10:16am

sent to: SUPV

<list>

(to)

Attachment

3

*** REQUESTOR: JCO4324 - COCKRELL, JANIE SECURITY

*** S Y S M I N B A S K E T P R I N T ***

MESSAGE ID: 315480 DATE: 07/01/98 TIME: 04:51pm PRIORITY: 000

TO: JCO4324 - COCKRELL, JANIE
DEPUTY DIRECTOR
SECURITY
HUNTSVILLE

FROM: HQMD001 - SCOTT, ANDREA
ADM ASST TO DEPUTY DIRECTOR
HEALTH SERVICES
HUNTSVILLE

SUBJECT: TRANSFER FOR SUMMER MONTHS

See Janie
7-1-98

ATTENTION ALL MEDICAL DEPARTMENTS AND UNIT WARDENS

EFFECTIVE IMMEDIATELY, THE FOLLOWING GUIDELINES SHOULD BE USED IN DETERMINING THE MODE OF OFFENDER TRANSFERS:

* THE FOLLOWING GUIDELINES OF PSYCHIATRIC PATIENTS FROM ONE INPATIENT FACILITY TO ANOTHER INPATIENT FACILITY WILL NOT BE MADE VIA CHAIN BUS. UNIT TRANSPORTATION AND/OR EMS TRANSFER WILL BE MADE BY THE SENDING UNIT.

* OFFENDERS BEING TRANSFERRED TO A PSYCHIATRIC INPATIENT FACILITY FOR CRISIS MANAGEMENT OR INPATIENT CARE WILL NOT BE MADE VIA CHAIN BUS. UNIT TRANSPORTATION AND/OR EMS TRANSFER WILL BE MADE BY THE SENDING UNIT.

MEDICAL STAFF ARE REMINDED THAT OUTGOING CHAIN SCREENS MUST BE CONDUCTED FOR ALL OFFENDERS IN ORDER TO ASSURE THAT THE SELECTED MODE OF TRANSPORTATION IS APPROPRIATE FOR THE OFFENDERS' MEDICAL AND PSYCHIATRIC STATUS. THIS IS PARTICULARLY IMPORTANT DURING HOT WEATHER MONTHS.

DURING THE SUMMER MONTHS, TDCJ TRANSPORTATION WILL FOLLOW A SPECIAL SCHEDULE TO MAXIMIZE ROUTINE TRANSPORTATION DURING THE COOLEST HOURS OF THE DAY. HOWEVER, IF IT IS DETERMINED THAT AN OFFENDER IS NOT APPROPRIATE FOR CHAIN BUS TRANSPORTATION, ARRANGEMENTS MUST BE MADE BY THE UNIT FOR EITHER UNIT VAN OR EMS TRANSFER. IF THE REASON FOR THE TRANSFER IS FOR A SPECIALTY CLINIC APPOINTMENT, THE UNIT MEDICAL DEPARTMENT IS RESPONSIBLE FOR ENSURING THAT THE OFFENDER KEEPS THE APPOINTMENT OR FOR THE NECESSARY RESCHEDULING.

DURING HOT WEATHER, IT IS ESPECIALLY IMPORTANT THAT CLINICAL STAFF

OBSERVE STRICT ADHERENCE TO TDCJ PHARMACY POLICY AND PROCEDURE 55-05,
MANAGEMENT OF PATIENTS RECEIVING MEDICATIONS THAT MAY POTENTIATE HEAT
PRESS AND PHOTOSENSITIVITY.

I HAVE COMMUNICATED WITH JANIE COCKRELL, DEPUTY DIRECTOR FOR SECURITY.
WE ARE IN AGREEMENT THAT WITH THE ABOVE PROCEDURES IN PLACE,
PSYCHIATRIC PATIENTS MAY BE TRANSPORTED BY CHAIN BUS. PLEASE DISREGARD
ALL PREVIOUS COMMUNICATIONS CONCERNING THIS MATTER.

AUTH: LANNETTE LINTHICUM, M.D.
DIVISION DIRECTOR FOR HEALTH SERVICES

Sent to:		
MEDR	<list>	(to)
UNTS	<list>	(to)
CCA8005	CANNON, CAY	(to)
ATH6642	THOMPSON, APRIL	(to)
HQTN003	TRANSPORTATION_SUPPLY_HQTRS	(to)
DST8900	STORY, DALE	(to)
RKO4309	KOENIG, ROBERT P. SR.	(to)

Attachment

4

(409) 437-5701

Texas Department of Criminal Justice
Transportation and Supply Department
Inter-Office Communications

Fax: (409) 437-5742

To Janie Cockrell Date July 2, 1998
Deputy Director, Security
Institutional Division

From Dale Story *Dale Story* Subject Summer Procedures for
Assistant Director for Offender Transfers
Transportation and Supply

Attached are procedures that I am requesting to be sent out under your authority to unit wardens and regional directors to facilitate the offender transfer process during the summer months in an effort to avoid employee and offender heat related illnesses.

WDS:jk

Attachment

- ◆ In light of the current extreme heat and heat indexes we are experiencing the following measures will be implemented to insure that offenders/Employees are not at danger.
- ◆ It is imperative that transfer vehicles are loaded and unloaded as quickly as possible to avoid sitting idle.
- ◆ A heightened awareness of the arrival time and status of transfer vehicles on the units are crucial.
- ◆ Transfer vehicles should be given priority over all other functions excluding emergency ambulance transfers. This includes access in and out of gates.
- ◆ In the event that a transfer vehicle has to remain parked for 15 minutes or longer waiting to load or unload offenders the unit will be required to place a smoke ejector fan on the vehicle. These fans should be located in an area that can be easily accessible to the transfer vehicle.
- ◆ Caution should be used when holding offenders in outside holding areas exposed to the sun and/ or having restricted ventilation.
- ◆ Transportation will be reviewing all routes to identify any that pose a higher risk. Routes and departure times may need to be adjusted to limit risks. It is essential that unit Wardens and staff cooperate with transportation during this endeavor.

Attachment

5

WT

*** REQUESTOR: B1UNT13 - SCOTT, HERBERT/PICKLE, BETO I UNIT

*** S Y S M O U T B A S K E T P R I N T

MESSAGE ID: 325752 DATE: 07/03/98 TIME: 09:43am PRIORITY: 000
SUBJECT: OFFENDER TRANSFERS

PER CONVERSATION BETWEEN MYSELF AND DALE STORY PLEASE ADHERE TO THE FOLLOWING PROCEDURES WITH REGARD TO OFFENDER TRANSFERS DURING THE SUMMER MONTHS.

IN LIGHT OF THE CURRENT EXTREME HEAT AND HEAT INDEXES WE ARE EXPERIENCING THE FOLLOWING MEASURES WILL BE IMPLEMENTED TO INSURE THAT OFFENDERS/EMPLOYEES ARE NOT AT DANGER.

IT IS IMPERATIVE THAT TRANSFER VEHICLES ARE LOADED AND UNLOADED AS QUICKLY AS POSSIBLE TO AVOID SITTING IDLE.

A HEIGHTENED AWARENESS OF THE ARRIVAL TIME AND STATUS OF TRANSFER VEHICLES ON THE UNITS ARE CRUCIAL.

TRANSFER VEHICLES SHOULD BE GIVEN PRIORITY OVER ALL OTHER FUNCTIONS EXCLUDING EMERGENCY AMBULANCE TRANSFERS. THIS INCLUDES ACCESS IN AND OUT OF GATES.

IN THE EVENT THAT A TRANSFER VEHICLE HAS TO REMAIN PARKED FOR 15 MINUTES OR LONGER WAITING TO LOAD OR UNLOAD OFFENDERS THE UNIT WILL BE REQUIRED TO PLACE A SMOKE EJECTOR FAN ON THE VEHICLE. THESE FANS SHOULD BE LOCATED IN AN AREA THAT CAN BE EASILY ACCESSIBLE TO THE TRANSFER VEHICLE.

CAUTION SHOULD BE USED WHEN HOLDING OFFENDERS IN OUTSIDE HOLDING AREAS EXPOSED TO THE SUN AND/OR HAVING RESTRICTED VENTILATION.

TRANSPORTATION WILL BE REVIEWING ALL ROUTES TO IDENTIFY ANY THAT POSE A HIGHER RISK. ROUTES AND DEPARTURE TIMES MAY NEED TO BE ADJUSTED TO LIMIT RISKS. IT IS ESSENTIAL THAT UNIT WARDENS AND STAFF COOPERATE WITH TRANSPORTATION DURING THIS ENDEAVOR.

THANK YOU IN ADVANCE FOR YOUR ADHERENCE TO THE ABOVE PROCEDURES.

JANIE COCKRELL
DEPUTY DIRECTOR OF SECURITY
INSTITUTIONAL DIVISION

Sent to: WARDENS (list) (te)

Attachment

6

*** REQUESTOR: JCO4324 - COCKRELL, JANIE SECURITY

** S Y S M I N B A S K E T P R I N T **

MESSAGE ID: 327104 DATE: 07/03/98 TIME: 11:14am PRIORITY: 000

TO: JCO4324 - COCKRELL, JANIE
DEPUTY DIRECTOR
SECURITY
HUNTSVILLE

FROM: JDA4251 - DANA, JANET
ADMIN ASST TO ASS'T DIRECTOR
HEALTH SERVICES
3009 HIGHWAY 30 WEST, RM. 111
HUNTSVILLE, TEXAS 77340

SUBJECT: HEAT RELATED MEDICAL PROBLEMS

TO: WARDENS, UNIT HEALTH ADMINISTRATORS
FROM: JANIE COCKRELL, DEPUTY DIRECTOR FOR SECURITY
MIKE PUGH, PH.D., ASS'T. DIRECTOR FOR HEALTH SERVICES

THIS IS TO REQUEST THAT THE FOLLOWING ACTIONS BE TAKEN TO MINIMIZE ANY PROBLEMS THAT MAY OCCUR WITH OFFENDERS WHO ARE SENSITIVE TO HEAT RELATED MEDICAL PROBLEMS. THE UNIT HEALTH ADMINISTRATOR IS TO INFORM THE UNIT WARDEN OF ANY OFFENDERS ON THE UNIT WHO HAVE HEAT RELATED MEDICAL RESTRICTIONS (I.E., CODES 19 AND 20 ON THE HS-18 SCREENS). THE DATA SERVICES DEPARTMENT IS CURRENTLY MAKING PROGRAMMING CHANGES SO THAT OFFENDERS WITH THESE TWO CODES WILL BE LISTED ON INFOPAC REPORTS WHICH WILL BE AVAILABLE TO THE UNITS. A MESSAGE WILL BE COMING OUT LATER TODAY FROM THE DATA SERVICES DEPARTMENT INDICATING WHEN THE PROGRAMMING IS COMPLETE AND THE INFOPAC REPORTS WOULD BE AVAILABLE. UNTIL THEN, WE ARE REQUESTING THAT THE MEDICAL DEPARTMENTS CONDUCT A PRELIMINARY REVIEW TO NOTIFY THE WARDENS OF ANY OFFENDERS WHO WOULD BE SUSCEPTIBLE TO HEAT RELATED PROBLEMS.

AUTHORITY: MIKE PUGH, PH.D.
ASS'T. DIRECTOR FOR HEALTH SERVICES

Sent to:			
	UNTS	<list>	(to)
	MEDR	<list>	(to)
	JCO4324	COCKRELL, JANIE	(to)

Attachment

7

*** REQUESTOR: JCO4324 ~ COCKRELL, JANIE SECURITY ***

*** S Y S M I N B A S K E T P R I N T ***

MESSAGE ID: 328764 DATE: 07/03/98 TIME: 02:56pm PRIORITY: 000

TO: JCO4324 ~ COCKRELL, JANIE
DEPUTY DIRECTOR
SECURITY
HUNTSVILLE

FROM: JDA4251 - DANA, JANET
ADMIN ASST TO ASS'T DIRECTOR
HEALTH SERVICES
3009 HIGHWAY 30 WEST, RM. 111
HUNTSVILLE, TEXAS 77340

SUBJECT: HEAT WARNING

TO: WARDENS, UNIT HEALTH ADMINISTRATORS
FROM: DATA SERVICES

THIS IS TO INFORM YOU THAT INFOPAC REPORT IMS042 IS NOW AVAILABLE.
THIS REPORT LISTS OFFENDERS WHO HAVE HEAT RELATED MEDICAL RESTRICTIONS
(I.E., CODES 19 AND 20 ON THE HS-18 SCREEN).

IF YOU HAVE ANY QUESTIONS, OR NEED ADDITIONAL INFORMATION, PLEASE CALL
ANN CHRISTIAN, DATA SERVICES, AT 409-437-1271.

Sent to: UNTS <list> (to)
MEDR <list> (to)
JCO4324 COCKRELL, JANIE (to)

Attachment

8

5.6C

** REQUESTOR: BRI9859 - RILEY, BRENDA PLANS AND OPERATIONS **

*** S Y S M I N B A S K E T P R I N T ***

MESSAGE ID: 348657 DATE: 07/08/98 TIME: 12:22pm PRIORITY: 000

TO: BRI9859 - RILEY, BRENDA
PROGRAM ADMINISTRATOR I
PLANS AND OPERATIONS
HUNTSVILLE

FROM: GJO2287 - JOHNSON, GARY
DIRECTOR, TDCJ-ID
ID DIRECTOR'S OFFICE
P.O. BOX 99, HUNTSVILLE

SUBJECT: HEAT RELATED PRECAUTIONS

ATTN: INSTITUTIONAL DIVISION WARDENS

HEAT RELATED PRECAUTIONS FOR STAFF

DURING THE CURRENT HEAT CONDITIONS IT IS IMPERATIVE THAT THE RISKS TO STAFF WORKING IN EXTREME HEAT BE REDUCED AND THAT SUPERVISORS ARE ABLE TO RECOGNIZE THE SYMPTOMS OF HEAT RELATED ILLNESS AND RESPOND TO THE DANGER SIGNALS. THE SYMPTOMS ARE:

1. HEAT STROKE

- A. PERSPIRING (SWEATING) IS DIMINISHED OR ABSENT;
- B. SKIN IS HOT, DRY AND FLUSHED;
- C. INCREASED BODY TEMPERATURES, WHICH IF UNCONTROLLED MAY LEAD TO DELIRIUM, CONVULSIONS AND EVEN DEATH.

2. HEAT CRAMPS SYMPTOMS INCLUDE THE FOLLOWING:

PAINFUL INTERMITTENT SPASMS OF THE VOLUNTARY MUSCLES FOLLOWING HARD PHYSICAL WORK IN A HOT ENVIRONMENT.

3. HEAT EXHAUSTION SYMPTOMS ARE AS FOLLOWS:

- A. PROFUSE PERSPIRING, WEAKNESS, RAPID PULSE, DIZZINESS, NAUSEA AND HEADACHES;

- B. SKIN IS COOL AND SOMETIMES PALE AND CLAMMY WITH PERSPIRATION;
- C. BODY TEMPERATURE IS NORMAL OR SUBNORMAL;
- D. NAUSEA, VOMITING AND UNCONSCIOUSNESS MAY OCCUR.

SUPERVISORS SHOULD BE SENSITIVE TO WORK ASSIGNMENT AREAS AND BE WATCHFUL OF EXTENSIVE EXPOSURE TO EXTREME HEAT CONDITIONS. EMPLOYEES SHOULD BE PROVIDED ACCESS TO WATER AND ENCOURAGED TO CONSUME WATER PRIOR TO THEIR WORK ASSIGNMENT AND AS NEEDED DURING THE WORK DAY. CARBONATED BEVERAGES DO NOT PROVIDE THE SAME BENEFIT AS WATER AND SHOULD BE DISCOURAGED AS A REPLACEMENT. IF SYMPTOMS OF HEAT RELATED ILLNESS ARE OBSERVED YOU SHOULD:

1. CONTACT MEDICAL;
2. PLACE PATIENT IN A COOL AREA;
3. ALL CLOTHING OF PATIENT SHOULD BE SATURATED WITH WATER AND VICTIM SHOULD BE FORCED TO DRINK FLUIDS (I.E. WATER);
4. ALL OF THESE MEASURES ARE TO BE TAKEN WHILE MOVING PATIENT IN THE MOST EXPEDITIOUS MEANS AVAILABLE TO CONTINUE WITH AND OBTAIN PROPER MEDICAL TREATMENT.

RECOGNITION AND TREATMENT OF HEAT RELATED INJURIES SHOULD BE STRESSED AT SHIFT MEETINGS ON A REGULAR BASIS.

STH: GARY L. JOHNSON
DIRECTOR, TDCJ-ID

GJ/GF

Sent to:		
UNTS	<list>	(to)
JCO4324	COCKRELL, JANIE	(to)
EOW7690	OWENS, ED	(to)
LJE6791	JENKINS, LEPHER	(to)
JSH0505	SHAW, JIM	(to)
GGO1051	GOMEZ, GARY	(to)
DDR2267	DRETKE, DOUGLAS J.	(to)
JGI3037	GILBERT, JOHN	(to)
RKO4309	KOENIG, ROBERT P. SR.	(to)

*** REQUESTOR: GJO2287 - JOHNSON, GARY ID DIRECTOR'S OFFICE ***

*** S Y S M O U T B A S K E T P R I N T ***

MESSAGE ID: 346686 DATE: 07/08/98 TIME: 09:19am PRIORITY: 000

SUBJECT: HEAT RELATED PRECAUTIONS

ATTN: INSTITUTIONAL DIVISION WARDENS

HEAT RELATED PRECAUTIONS FOR OFFENDERS

DURING THE CURRENT EXTREME HEAT CONDITIONS IT IS IMPERATIVE THAT THE RISKS TO OFFENDERS WORKING IN EXTREME HEAT CONDITIONS BE REDUCED. STAFF SHOULD BE ABLE TO RECOGNIZE THE SYMPTOMS OF HEAT RELATED INJURIES AND RESPOND TO THE DANGER SIGNALS.

1. HEAT STROKE SYMPTOMS ARE AS FOLLOWS:

- A. PERSPIRING (SWEATING) IS DIMINISHED OR ABSENT;
- B. THE SKIN IS HOT, DRY AND FLUSHED;
- C. INCREASED BODY TEMPERATURES, WHICH IF UNCONTROLLED MAY LEAD TO DELIRIUM, CONVULSIONS AND EVEN DEATH;

2. HEAT CRAMPS SYMPTOMS INCLUDE THE FOLLOWING:

- A. PAINFUL INTERMITTENT SPASMS OF THE VOLUNTARY MUSCLES FOLLOWING HARD PHYSICAL WORK IN A HOT ENVIRONMENT;

3. HEAT EXHAUSTION SYMPTOMS ARE AS FOLLOWS:

- A. PROFUSE PERSPIRING, WEAKNESS, RAPID PULSE, DIZZINESS, NAUSEA AND HEADACHES;
- B. THE SKIN IS COOL AND SOMETIMES PALE AND CLAMMY WITH PERSPIRATION;
- C. BODY TEMPERATURE IS NORMAL OR SUBNORMAL; AND
- D. NAUSEA, VOMITING AND UNCONSCIOUSNESS MAY OCCUR.

EMERGENCY TREATMENT:

1. PLACE THE PATIENT IN A COOL AREA;
2. ALL CLOTHING OF THE PATIENT SHOULD BE SATURATED WITH WATER AND THE VICTIM SHOULD BE FORCED TO DRINK FLUIDS (I.E. WATER);
3. ALL OF THESE MEASURES ARE TO BE TAKEN WHILE MOVING THE PATIENT IN THE MOST EXPEDITIOUS MEANS AVAILABLE TO CONTINUE WITH AND

OBTAI~~N~~ PROPER MEDICAL TREATMENT;

UNITS SHOULD REVIEW ALL OUTSIDE WORK REQUIREMENTS WHICH INCLUDE BUT ARE NOT LIMITED TO FIELD FORCE ACTIVITIES. OUTSIDE WORK SCHEDULES SHOULD BE MODIFIED TO ELIMINATE EXTENDED EXPOSURE TO THE HEAT. UNIT WARDENS WILL CONTINUALLY MONITOR TEMPERATURE AND HUMIDITY, DETERMINE THE HEAT INDEX AND IMPLEMENT PROCEDURES, I.E. REQUIRED BREAKS, AS OUTLINED IN ATTACHMENT B, AD-10.64 (REV.1). AMPLE DRINKING WATER SHOULD BE ON HAND AT ALL WORK SITES AND OFFENDERS ENCOURAGED TO DRINK WATER. PROCEDURES SHOULD BE IN PLACE TO ENSURE MEDICAL STAFF CAN BE CONTACTED AND RESPOND IN AN APPROPRIATE TIME FRAME. STAFF WHO SUSPECT AN OFFENDER IS SUFFERING FROM A HEAT RELATED INJURY SHOULD IMMEDIATELY CONTACT MEDICAL STAFF AND INITIATE FIRST AID. FURTHER INSTRUCTIONS CONCERNING HEAT EXTREMES ARE CONTAINED IN AD-10.64 (REV. 1), E-MAIL #144128, DATED 06/02/98 AND E-MAIL #327104, DATED 07/03/98 FROM DR. LANNETTE LINTHICUM, DIRECTOR, HEALTH SERVICES.

AUTH: GARY L. JOHNSON
DIRECTOR, TDCJ-ID

GJ/GF

Sent to:			
	UNTS	<list>	(to)
	JCO4324	COCKRELL, JANIE	(to)
	EOW7690	OWENS, ED	(to)
	LJE6791	JENKINS, LEPHER	(to)
	JSH0505	SHAW, JIM	(to)
	GGO1051	GOMEZ, GARY	(to)
	DDR2267	DRETKA, DOUGLAS J.	(to)
	JGI3037	GILBERT, JOHN	(to)
	RKO4309	KOENIG, ROBERT P. SR.	(to)

Attachment

9

*** REQUESTOR: JCO4324 - COCKRELL, JANIE SECURITY **

*** S Y S M I N B A S K E T P R I N T **

MESSAGE ID: 376930 DATE: 07/14/98 TIME: 08:19am PRIORITY: 999

TO: JCO4324 - COCKRELL, JANIE
DEPUTY DIRECTOR
SECURITY
HUNTSVILLE

FROM: JMA7543 - MARSH, JOYCE
SECRETARY IV
RISK MANAGEMENT
HUNTSVILLE

SUBJECT: BOX FANS

DUUE TO THE EXTREME HEAT, 100 BOX FANS HAVE BEEN ORDERED FOR USE AT BACK
TIES FOR CHAIN BUSES. THE ANTICIPATED ARRIVAL OF THESE FANS TO RISK
MANAGEMENT HEADQUARTERS IN HUNTSVILLE IS 7-16-98. THE FANS WILL BE
FORWARDED TO THE REGIONAL OFFICES WHERE THE REGIONAL EHS WILL
DISTRIBUTE TO THE UNITS.

Sent to:	EHS REG	<list>	(to)
	IDWAR	<list>	(to)
	UNTS	<list>	(to)
	SKI2246	KINES, SAM	(to)
	WSM3973	SMITH, WILLIAM	(to)

Attachment

10

C * REQUESTOR: STH0930 - THOMPSON, SHEILA DEPUTY DIRECTOR SECURITY ***

*** S Y S M I N B A S K E T P R I N T ***

MESSAGE ID: 377863T DATE: 07/14/98 TIME: 10:23am PRIORITY: 000

TO: STH0930 - THOMPSON, SHEILA
CAPTAIN
DEPUTY DIRECTOR SECURITY
P.O. BOX 99
HUNTSVILLE, TEXAS 77342-0099

FROM: JCO4324 - COCKRELL, JANIE
DEPUTY DIRECTOR
SECURITY
HUNTSVILLE

SUBJECT: INFOPAC REPORT #PH0414

*** Sent by Alternate User "BPI4995" for "JCO4324" ***
C Original Author: JDA4251 - DANA, JANET; 07/14/98 09:37am

TO: FACILITY WARDENS
FACILITY HEALTH ADMINISTRATORS

FROM: LANNETTE LINTHICUM, M.D.
DIVISION DIRECTOR FOR HEALTH SERVICES

AN INFOPAC REPORT (PH0414) HAS BEEN GENERATED WHICH LISTS, BY UNIT, ALL OFFENDERS WHO ARE CURRENTLY PRESCRIBED WITH THE HEAT SENSITIVE MEDICATIONS LISTED IN THE PHARMACY POLICY #55-05, APPENDIX A. THESE MEDICATIONS MAY POTENTIATE HEAT STRESS AND, THEREFORE, SHOULD BE LISTED AS A RESTRICTION ON THE HEALTH SUMMARY FOR CLASSIFICATION. I AM REQUESTING THAT YOU REVIEW THIS LIST TO ENSURE THAT EACH OFFENDER IS APPROPRIATELY CLASSIFIED ON THE HEALTH SUMMARY FOR CLASSIFICATION SCREEN. OTHERWISE, THE OFFENDERS WILL NOT SHOW UP ON THE IMS042 INFOPAC REPORT WHICH LISTS OFFENDERS WHO HAVE HEAT SENSITIVE RESTRICTIONS.

AUTHORITY: LANNETTE LINTHICUM, M.D.
DIVISION DIRECTOR FOR HEALTH SERVICES

*** Comments From: JCO4324 - COCKRELL, JANIE; 07/14/98 10:23am

Sent to: OFFICE <list> (to)

Attachment

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